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## Communications.

### EXTERNAL MENSURATION OF THE HUMAN SUBJECT.

By D. G. Brinton, M. D.

The science of ethnology, the arts of sculpture and painting, the requirements of the military and naval service, and the business of life insurance are all interested, though with different ends in view, in the careful study of the external form of the living, healthy man. The examiner for insurance searches for the signs of long life, the military surgeon asks for the indications which guarantee great physical endurance for a limited term of years, the artist inquires the proportions which form the highest type of the beautiful, while the ethnologist studies the relations of parts to determine the kinship of races. The objects of all could be more certainly accomplished if a uniform system of measurement were adapted, so far as these objects lie together. A provisional scheme of the kind I submit here, trusting that those who use it will make known its deficiencies, as they appear in use.

The table* of measurements adopted by Drs. Von Scherzer and Schwarz on the expedition of the Novara is the most complete ever proposed. But it is too tedious. One must make *seventy-eight* different measurements, which practically one would never do. Moreover, it calls for the use of the dynamometer of Regnier to ascertain the pressing power and the lifting power (*force manuelle, force renale*), useful items, but not generally convenient to determine.

The scheme here presented requires the use of no other instruments than the measuring rod and tape. The latter should be of flexible steel, graduated to tenths of inches. The callipers, the dynamometer, and the tailor's yard (for measuring from the perineum to the ground,) are convenient, but not essential to a general examination of the kind.

The French metrical scales would undoubtedly be the best to adopt, but it is not easy to procure them in many parts of the country, and most persons are not familiar with them.

TABLE.

*General Facts.*

1. Name.
2. Sex.
3. Residence.
4. Age.
5. Color.
6. Occupation.
7. Native country.
8. Of what ancestry.
9. Married or single.
10. Number of children.

*General Observations.*

1. Figure (slender, robust; erect, stooping).

2. Expression (describe particularly the prominence of any facial muscles, and the prevailing cast of the features in repose. For further information see Charles Darwin's "Queries about Expression" in the *Annual Rep. of the Smithsonian Institution*, 1867, p. 324).

3. Hair (color, quantity).

4. Eyes (color, prominence, arcus senilis; power of sight judged by the type in which this is printed—bourgeois. Persons with good eyes can read it readily at four and a half and five feet).

5. Nose (shape. I am aware of no reliable standard by which to measure the olfactory sensibility, nor that of taste).

6. Ear (shape. The most convenient test of the auditory power is the watch. With one ear closed its ticking can usually be heard by the other at a distance of 28 inches).

7. Tactile sense (measured on the bulb of the index finger of the right hand by the æsthesiometer, or by taking the nearest distance at which the two points of the limbs of a drawing compass can be distinguished).

8. Teeth (condition, gingival line).

* Dr. E. H. Davis, of N. Y., has re-published this table in the *Annual Rep. of the Smithsonian Institution for* 1866, p. 371.

9. Pulse (character, frequency standing and sitting by the minute).

10. Respirations (number in a minute).

*Measurements.*

1. Weight.

2. Height.

3: Circumference of the head horizontally, immediately above the superciliary ridges.

4. Circumference of the neck on a level with the pomum Adami.

5. Circumference of the chest on a line with the mammæ at the close of a forced expiration.

6. The same when the lungs are fully distended.

7. Circumference immediately below the cristal ilii.

8. Length of arm from acromion to external condyle of humerus.

9. Length of forearm from external condyle of humerus to extremity of radius.

10. Length of hand to extremity of middle finger.

11. Length of leg from the perineum to the sole of the foot.

12. Length of the foot.

13. Greatest circumferences of thigh, leg, arm and forearm.

This examination will yield abundant information on the nervous, circulatory, respiratory, and secretory systems for the examiner for military service or insurance. But even in their fields the value of the measurements proposed will be found of essential service. Certain proportions of the human body are found to correspond to the greatest vitality, and certain ones to the greatest physical beauty. With these the surgeon should make himself acquainted.

Artists have devoted a great deal of attention to ascertaining exactly those outlines of the human figure which satisfy the highest conceptions of the beautiful. The general rules of drawing, the canons of taste as they are called, are doubtless familiar to many readers, but others will be glad to have them repeated in this connection.

The unit of this scale is the *length of the nose* measured vertically along its ala. Representing this unit by the symbol $x$ the artistic rules are:

$4x$ = the length of the head measured from the vertex to a line horizontal with the point of the chin.

$8x$ = the distance from the vertex to the level of the axillæ.

$16x$ = from the vertex to the level of the perineum.

$31x$ = from the vertex to the sole of the foot, or the *total height.*

$8x$ = the breadth across the shoulders.

$6x$ = the length of the arm from the acromion process to the humero-ulnar articulation.

$5x$ = the length of the forearm to the wrist joint.

$3x$ = the length of the hand.

When the arms are fully extended the distance from the extremity of the middle finger of one hand to that of the other should exactly equal the height.

When the arms hangs by the side the joint of the wrist should be on a line with the perineum.

The above proportions, which are essentially those deduced by Jean Cousin, in 1685, from the measurement of ancient statues, and which have been sanctioned by some of the best anatomists of our day,* apply most closely to figures about five feet ten inches to six feet in height. In shorter persons the total height is not eight but about seven and a half times the length of the head. This is the case with those celebrated antiques, the Antinous, the Farnese Hercules, the Laocoon, etc. Moreover as the height depends rather on the distance below than above the perineum, this is a frequent source of discrepancies.

Again, it will be found by observation that this scale diverges considerably from nature in the case of children.† Their heads are larger in proportion and their members longer than in adults. I refer especially to children from eight to fourteen years of age.

A more scientific scale is that of the learned Dr. C. G. Carus, familiar to us all from "Carus' curve" in the pelvis. This *spirituel* anatomist takes for what he calls his "organic model" the true vertebral column, from the atlas to the last lumbar vertebra. One-third of this is his unit. Representing this unit by the symbol $x$, once more we have for the perfect form.

$1x$ = from vertex to a line drawn on a level with the commissures of the mouth.

$1x$ = length of sternum.

$1x$ = from inferior extremity of sternum to umbilicus.

$3x$ = from superior extremity of sternum to the perineum.

$1x$ = from superior extremity of sternum to the acromion.

* See Prof. J. Fau's excellent work, *The Anatomy of the External Forms of Man*, edited by Robert Knox.

† The work of Dr. Schadow, entitled "Polyklet," published about 1836, gives the proper proportions for the different ages.

$1\frac{3}{4}x$ = length of arm.
$1\frac{1}{4}x$ = length of forearm.
$1x$ = length of hand.
$1\frac{1}{2}x$ = length of foot.

And many other proportions which it is unnecessary to give.*

Taking either of these, since they really differ very little, as the artist's ideal, some of the interesting points for us to decide are, which race of men, which sex, which age, and which class in the community most nearly approach it? Is it also the form for longest life and greatest strength?

This latter is an eminently practical question. It has by some been already answered, and in the negative. "The graceful shape and form of perfect symmetry," says Dr. JACKSON, as quoted and endorsed by Dr. ROBERTS BARTHOLOW,† "are seldom connected with power, activity, and that inexhaustible fund of endurance which supports toils and fatigues with constancy and firmness."

This verdict will bear to be re-examined in the light of more extensive statistical evidence. It may arise from an impression that the ancient athlete, who may be supposed to have been the type of power and activity, was a brawny, thick-set, heavy-boned bruiser. But such was by no means the case. It is disproved by a study of the antique. Moreover, the measurements of Dr. ULMER on the human subject show that the real relation of parts on which the capacity for physical labor depends, is that proportion which *the circumference of the chest on a line with the mammæ* (the pulmonary or so-called *vital capacity*) bears to *the height* and *the weight*.‡

It was a familiar fact in our late war, that neither the very tall nor the very short men stood the fatigues of field service well. And it is not a common thing to see either extreme in stature reach a very old age. The general physical type which promises the longest life has been the topic of anxious study by medical officers of life insurance companies, and the articles written upon it about a year since, by Dr. JOHN H. GRISCOM and Dr. J. V. C. SMITH, of New York, deserve honorable mention for their accuracy. Years of observation and the analysis of thousands of examinations can, however, alone demonstrate which morphological proportions promise most certainly that boon of *long life*, which we all desire so earnestly, and yet so few of us earnestly strive to attain.

As to the light which such a study could throw upon the psychical peculiarities of man, and the symbolism of his shape and each of its parts, all who are familiar with the remarkable production of Dr. CARUS which I have referred to above, will agree with me, that it presents one of the most alluring fields of research in the whole realm of knowledge. It is physiognomy applied to the whole body; it is the glass through which we see not darkly the imprint of the soul of man on its house of flesh; it is palmistry and soothsaying, no longer the offspring of superstition and deceit, but regenerated and adopted by science.

The value to the anthropologist of these measurements is now well known, as the proportions of the external forms of man are found to be not less instructive, and in many poin's more permanent and more decisive, in an ethnological point of view, than those of the bony skeleton. The more important, therefore, is it, that some uniform, facile, yet thorough system of mensuration be agreed upon.

These interesting questions which I have hinted, and many others which will occur to the thoughtful physician, could be solved, in whole or in part, by the extensive adoption of the system of measurements I have above proposed, or one like it, among military, naval, and insurance officers, ethnologists, and travellers, and by a reduction and tabulation of the statistics thus obtained. The latter would properly come within the province of some national or endowed institution, but so long as there is none such, the editors of the MEDICAL AND SURGICAL REPORTER will willingly open their columns to the discussion of the best means to preserve and make them generally useful, and to fix upon a uniform system of observations and reductions.

The quarters to which we could most confidently look for efficient action in the matter would be either the officers of the life insurance companies, the American Medical Association, or the Smithsonian Institution.

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* *Symbolik der Menschlichen Gestalt*, p. 55 etc. Leipzig, 1853.

† *The Formation, Discipline, and Economy of Armies*, p. 22 in BARTHOLOW'S *Manual for Enlisting and Discharging Soldiers.*

† I quote Dr. ULMER at second hand from Dr. SELIGMAN'S valuable article, "Die Menschenracen," in the last number of PERTHES' *Geographisches Jahrbuch*, not being able to find his own statements.

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—— The annual course of private instruction at the Burlington, Vermont Medical College has commenced, with a large class of students in attendance.

# Medical Societies.

## PROCEEDINGS OF THE MEDICAL SOCIETY OF HARFORD CO., MD.

The regular quarterly meeting of this society was held in Bel Air on Tuesday, November 10th. Dr. Thomas C. Hopkins, the president occupied the chair.

The Committee on the memorial to be addressed to the Legislature of the State, asking for a "Charity Fund," to aid physicians in their labors among the poor, consisting of Drs. Lea, Magraw, and Forwood; with the concurrence of Dr. Lee, Dr. Magraw not being present. The memorial reads as follows:

"*To the Honorable Legislature of Maryland.*

"We, the undersigned practitioners of medicine of Harford county, respectfully pray your honorable body for the enactment of a law authorizing the County Commissioners of this County to levy annually a tax to provide a fund, which may be known as the 'Charity Fund,' to be set apart for the payment of the regular physicians of the County such a per centage as the Legislature may deem proper, for the professional services we render the poor,—to those who are unable to remunerate the physician. We leave with you the arrangement of such details as may be necessary to put the law into practical operation; only suggesting that all accounts so presented should be accompanied by the oath of the claimant, as proof of their correctness; and should not exceed in amount the rates usually recognized by the majority of the physicians of the County in their ordinary practice. Much must be left discretionary with the commissioners, who, in most cases, may be personally cognizant of the facts, and thus qualified to render equitable decisions.

"We do not consider that in making this application we are asking for anything that it is not clearly our right to claim. It is well known that the medical profession, as a body, are harder worked, mentally and physically, for the pay they receive, than any other branch of business. Their education is expensive; they are exposed to the vicissitudes of the weather in the night as well as in the day; and of necessity pass a large part of their time in the atmosphere of malignant diseases; but notwithstanding these hardships and the slender pay, there are but few physicians in active practice who do not annually dispense more charity, in the form of professional services, which constitutes their "stock in trade," than do nine-tenths of other members of the community who are more abundantly provided with this world's goods.

"A vile outlaw, who commits a gross and flagrant outrage, is furnished at the expense of the county with legal counsel to defend him from deserved punishment, while an honest poor man, who may be stricken with disease, has no provision made for his relief; the physician must contribute for his own means, or he is left to die.

"The aid we ask from you is for the benefit of the afflicted poor,—we do not expect to receive the one-half of our usual fees, but only sufficient to assist, sustain, and encourage us in our works of charity.

"All of which is respectfully submitted."

Every member present signed the petition, and the Committee was instructed to lay it before every physician in the county, prior to the next session of the Legislature.

### The Binder.

The subject which had been previously announced for discussion at this meeting was the use of the binder as an application to parturient women.

Dr. Forwood said that he was sorry to observe the absence of Dr. J. Sappington, of Darlington, as he was probably the leading advocate in our Society of the abandonment of the bandage: and as he (Dr. S.) had practised this disuse for several years, the explanation of his theory, and the history of the results of his practice were particularly desirable in the present discussion.

Dr. Forwood remarked that he had always advised the application of the bandage in such cases, in accordance with a time-honored custom, but was by no means satisfied of its necessity, or utility, in the majority of cases. In cases of hemorrhage, however, or where there was an indisposition to uterine contraction, the binder certainly afforded us valuable assistance: and the obstetrician would be highly censurable for the omission of its use under such circumstances. He had recently read in the proceedings of the State Medical Society of Pa., a report from the Montgomery County Medical Society, in which it was remarked that "the abandonment of the bandage in parturient women rapidly gains favor with the profession in our society." This brief sentence comprises all that is said in the report quoted, and leaves us as much "in the dark" as before.

Dr. Forwood had also noticed one or two articles on the abandonment of the bandage, within the last year or two, in the Medical and Surgical Reporter, but believed that the literature on the subject was extremely limited.

He then read from MEIGS' *Obstetrics*, where the author forcibly impresses upon the attention of the student the fixed rule that the application of the bandage in every case of midwifery, is the imperative duty of the obstetrician.

Dr. FORWOOD did not recommend the abandonment of the binder, but thought that it might be omitted in many cases without disadvantage to the patient; indeed, as generally applied—above the pelvis—it certainly did more harm than good, frequently inducing that wretched malady, which afflicts so many American women, prolapsus uteri.

Dr. THOMAS C. HOPKINS said that in his practice he had been indifferent as to the use of the binder. He generally left it to the "old women" to apply or dispense with its use at their option; he not deeming it a matter of sufficient moment to require specific directions. He added that his preceptor, Dr. ALLEN, of Cecil Co., had disapproved of the indiscriminate use of the bandage, that he had generally followed his precept. He nevertheless agreed with Dr. FORWOOD that there were cases in which the bandage was useful; but, as usually applied, he regarded it as a bandage to the thorax instead of the uterus.

Dr. JOHN EVANS said that he always directed the bandage to be applied. He considered its use in parturient women quite as necessary as in tapping for abdominal dropsy. He believed that the blood-vessels required support. He referred to cases of fractured limbs where the patients would sometimes faint upon the removal of the bandages, caused, in his opinion, by the loss of the accustomed pressure from the blood-vessels.

Dr. SILVER inquired if any of the teachers in the medical colleges, or other leading authority recommended the disuse of the bandage.

Dr. EVANS replied that so far as his information upon the subject extended, all teachers and writers of recognized authority, advised its use.

Dr. SILVER added that he considered the application of the bandage necessary in many cases, and useless in others; but, as a precautionary measure, he advised it in all cases. He thought its use more particularly called for in country practice than in the city; as country patients are often so far distant as to incur the risk of dying from hæmorrhage before they could be reached by the medical attendant.

Dr. HAYS spoke of cases in which he was satisfied that prolapsus of the uterus had been produced by the mal-application of the bandage; and mentioned the case of a patient who had suffered with prolapsus after each of several previous confinements, in which she had worn a bandage, who was completely cured after a subsequent delivery by omitting its use, under his direction, and remaining in bed a week longer than is usual in such cases. He used the bandage where hæmorrhage was present, and in obstinate relaxation of the uterus, with the view to producing contraction, but did not advise it as a general rule.

Dr. LEE thought it probable that the binder might be dispensed with in many cases, provided the patient could be kept perfectly still, and on the back, for a considerable time; but he believed that a parturient woman, under certain circumstances, might instantly die, without hæmorrhage, by suddenly turning from the back to the side, for want of the support afforded by the bandage.

Dr. LEE said that death from uterine hæmorrhage was a much more rare occurrence than medical teachers and writers have induced us to believe. It is held up to the student at college as one of the greatest "bug-bears" to be encountered in the practice of obstetrics; and all young practitioners when called to their first cases of midwifery, go forth with the terrible apprehension that they are doomed to witness a death from *hæmorrhagus uteri!* We soon begin to think that our cases are exceptional—they do not die—and after a few years experience we are forced to the conclusion that death from uterine hæmorrhage is an occurrence of extreme rarity.

The bandage, he regarded as necessary as a support to the relaxed abdominal parietes, to the blood-vessels, and through them to the nervous system, as well as the comfort of the patient; and with this view, more than the fear of hæmorrhage, he had been in the habit of ordering its application in all puerperal cases that came under his care.

With reference to Dr. LEE's remark, that a patient might die, without hæmorrhage, if unsupported by a binder, from simply turning upon her side., Dr. FORWOOD said that such a case would certainly be regarded as very extraordinary, and could scarcely be attributed to the want of a bandage.

Dr. FORWOOD added, that we should consider parturition as a natural process, as well in the human female as in the lower animals; and it was surely reasonable to presume that it could be completed in the human species with entire safety, without the interposition of any artificial support. We have examples in the North American Indians, and in the African race, without referring to lower animals. It is a fact well known that the Indian women often bring forth their children while travelling from one point

to another with their tribe; and as soon as delivery is accomplished they arise, place the infant upon their back, and continue their journey *without a binder*. It is also a common occurrence for African females to arise from their beds on the day of delivery, and pursue their usual avocations without detriment to their health.

Dr. Forwood, therefore, in view of these facts, looked upon the employment of the bandage, and the nine or ten days confinement to bed, among the higher classes of the white women of the present day, as the requirement of an artificial condition superinduced by the luxurious living, the immuniment from physical labor, and the more general cultivation of the mental faculties, attendant upon advanced civilization.

As no disposition to further discussion in this channel appeared to be manifested, and as some time was still at the disposal of the Society, Dr. Forwood remarked that, with the approbation of the members, he would like to introduce a cognate subject, with the hope of getting the opinions of those present.

He referred to

### Ligation of the Funis.

He said that within a recent period it was being agitated in some quarters, with plausible reason, that the application of a ligature to the umbilical cord of the new-born infant, cannot only be dispensed with without danger, but with positive benefit to the child.

This theory is new to the present generation, but it is now attracting some attention, as before remarked, and it is our duty as searchers after truth to investigate and determine what claims it may have upon our future practice.

Many of the best established doctrines of our profession at the present day, were once looked upon by many of the leading physicians as wild and pernicious theories.

The majority of the medical men to whom I have mentioned the subject have rather abruptly responded that they have practised the ligation of the funis throughout their professional lives, that it is a simple and easy operation, that it satisfies the "old women," and they have never observed any ill effects resulting from it. After this oracular delivery, the interrogated party rarely manifests any disposition to continue the colloquy.

Dr. Forwood read the following passage from the report of the Montgomery County Medical Society, before referred to:

"The division of the umbilical cord without ligation, has been practised by a number of our members, and is by them highly extolled. In all the cases reported, the excision was made while the umbilical arteries were still pulsating with a loss of very little blood, not more than a few drachms, hemorrhage ceasing in a few minutes. In no case did bad effects follow this practice, though one of the members, who was fearful to risk his case without ligature, lost a child by hemorrhage, after securing the cord, as he thought, most perfectly."

This report is unfortunately wanting in all the particulars that would entitle it to weight with the profession. The names of the practitioners, the details of the circumstances attending each case, and especially the *number of cases* subjected to experiment, should be fully given. It is to be hoped that our Montgomery County friends will supply this omission at a future day.

Dr. Forwood then read several lengthy extracts from an elaborate essay *On Ligation of the Funis*, by A. F. A. King, M. D., of Washington City, published in pamphlet form, 1867.

The author very properly premises by saying, "There is, perhaps, no manifestations in obstetrics, no operation in surgery, and no course of treatment in medicine that has been more universally practised, in all ages and countries, and by all authorities, than ligation of the umbilical cord at child-birth; and every one has believed in the prosperity, utility, and necessity for the operation."

He then refers to the amount of moral courage required by one who would attempt to shake the foundation of such an ancient and universal practice; but trusts to the future for verification of the truth of his theory.

Dr. Finney spoke of having seen two cases in which the cord was not tied; and in those cases no unfavorable results followed. He was strongly inclined to the opinion that ligation was unnecessary.

From the remarks made, it appeared that nearly all the members designed testing the practice in all cases where a favorable opportunity was presented; and if found satisfactory, would exert their influence for correcting the errors in the public mind in relation to the subject. Time will be required for this purpose: and in the meantime every professional devotee should regard it as his personal duty to facilitate the inquiry by imparting to his fellow-practitioners his individual experience.

After the transaction of some executive business, the Society adjourned.

# EDITORIAL DEPARTMENT.

## Periscope.

### Climates for the Infirm.

We find this subject considerably agitated in our German exchanges. In our opinion, the first step in the treatment of phthisis should consist in placing the patient under favorable climatic influences. We have visited Florida and the island of Madeira, and consider the latter preferable in some points, because the heat never becomes so high as to produce debility, and there are no malarious diseases prevalent.

Dr. HELFFT, of Berlin, draws the following conclusions in the *Berliner Klinische Wochenschrift*, No. 28, 1868.

1st. Those places are best adapted for the residence of the infirm where the temperature is moderately high, and of slight variableness from hour to hour, day to day, or even in the course of many months. At places where the temperature is lower, the variations between morning and evening, and noon, are much smaller than in the climates of the far south. Places near the sea are less subject to sudden changes than those far inland, as are also those in the north which have the protection of mountains against the cold north and northeast winds. Furthermore, we must consider how long the sun's heat falls upon the surface; if, in consequence of the position of mountains, the sun rises late or sets early, the variations of temperature are generally considerable.

Madeira, Venice, Malaga, and Cairo have a pretty equable temperature. Rio, Nice, and Pau are subject to great variations, often as much as 11—12° R. In Germany, Baden-Baden, Wiesbaden, Meran, and Botzen have an equable temperature, and may be recommended as sojourning places for the winter months. At "curative places," the hours from 10 A. M. to 3 P. M. are called the "medicinal day;" and then the air being well warmed by the sun, the patients are permitted to walk out.

2d. Atmospheric moisture should be moderate. This is beneficial to the respiratory mucous membranes, and moderately moist air is far better than very dry or very wet air. The amount of rain does not influence the mean of the dew point much, but it may act injuriously by preventing out-door exercise for too long a period.

3d. The atmosphere should not be subject to violent agitation, and those places are best which are protected by mountains from the sharper winds.

4th. Sunny days should be of very frequent occurrence.

5th. There should be agreeable scenery and shady promenades to lure the patient.

6th. Proper amusements and occupations for the mind, according to its culture, should be provided.

7th. Great preference must be given to those places where for months the temperature remains almost unchanged, and patients are, therefore, not compelled to undertake frequent voyages in order to escape inclement seasons.

In this respect the island of Madeira takes precedence of all other "curative places" (*kurort*) which are at a distance. Patients may remain there all the year, and during the summer need only to go the mountains, where proper accommodations are provided.

8th. A change of climate is only to be advised when the disease has not yet made great advances, the powers of the patient have not been too much reduced, a febrile movement has not set in, and when his circumstances are such that he may be able to remain as long as may be found necessary, and enjoy all comforts or advantages which money can procure. When possible, it is well that a beloved relative or friend should accompany the patient.

While we were in Peru, a lay friend strongly recommended, as a residence for consumptives, the village Juja, (pronounced *huha*,) situated among the Andes. He related some of those miraculous cures which are usually only met with by the non-medical observer, and stated that the cost of living at Juja is very trifling.

A. A. H.

### Kristeller's Method.

Herr HILDEBRANDT referred (*Berliner Klin. Wochenschrift*, No. 27, 1868) to this method of expressing the fœtus, at a meeting of the Königsberg Med. Society, April 14th, 1868.

He first resorted to it with great hesitation, and in a case favorable for the trial it succeeded so well as to astonish him. It was in the case of a second pain, in transverse position, head on left ilium, four extremities presenting. An assistant had failed in an attempt to turn by the feet. H. put back both feet, then the arms, caused the head to present, by means of pressure from without, then made one or two strong compressures *a la* KRISTELLER, and saw, during the same, the rapid and happy birth of a living child. Since then he has tried the method in a number of cases, and recommends it.

### A Medical Prophecy Fulfilled.

The Philadelphia Medical and Surgical Reporter, for January 9th, 1864, (Vol. xi. No. 2), page 27, contains the following remarkable communication from Dr. Sam'l W. Francis, of New York, suggesting the invention of a new and improved Introscope, which explains itself. The date and substance of this communication become important at this time, as scientific men abroad are receiving praise in France and England for inventions involving the same principle, but only recently brought before the public, and we feel only too happy to claim the idea as American. Dr. Francis says—1864:

"There is one additional statement which, though what Terence would designate as 'homunculus,' I will venture to predict that it may be seconded. It is to the following effect—that ere long so great improvement will be made in the microscope, that, on stripping the body of any person, and by artificially *illuminating him* internally by electo-magnetism or otherwise, and by looking through the countless multiplied lenses of the *improved* microscope, the workings of his organs may at once be studied, the complex localities of the nervous system effectually understood, and a practical chart of normal and abnormal differences easily perceived," etc., etc.

By referring to the "Reporter" of Nov. 9th, 1867, Vol. xvii., No. 19, it will be seen that, incredible as it at first might appear, a Frenchman of much ingenuity has already succeeded in verifying Dr. Francis' prediction.

"M. Milliat, of Paris, introduces into the stomach glass tubes of small calibre, containing two platinum wires, connected with the electrodes of a powerful battery—the apparatus of Middledorpf he prefers—and thus kindles an intense light in the cavity. Tumors in the abdominal walls can thus be demonstrated, indurations and ulcerations detected; and indeed to what extent diagnosis may not be facilitated, it were premature to say."

In the *New York Daily Times*, of Nov. 22d, 1868, appears also the additional endorsement of what Dr. Francis foretold nearly four years ago, in the pages of this journal.

"The man who by accident had a gunshot wound so healed as to leave an opening into his abdomen, through which the operations of the stomach and viscera could be observed, was justly regarded by the 'medical faculty' (whoever they may be,) as a valuable help in the study of physiology. But if the English Dr. Richardson succeeds in his new lamp, constructed to throw light through human tissues and make visible the interior, he will have conferred a still greater, because more generally attainable and useful, boon upon science. Priestly's work on 'Electricity' noticed the fact that the animal tissue (of the finger) seemed luminous when electricity was passed through it. From this hint, and other similar phenomena of the tissues when under the influence of bodies on the ethyl and methyl series, Dr. Richardson has produced a light which penetrates the delicate tissues of childhood. We hope the rest may follow."

### Lateral Hermaphroditism.

In the *Liverpool Medical and Surgical Reports*, October, 1867, (quoted by the *Brit. Medical Journal*,) Dr. Rawdon describes a case of true lateral hermaphroditism, in which a tolerably developed vagina and uterus were present. In the left broad ligament a Fallopian tube, a round ligament, and apparently a parovarium were found, but no trace of either testicle or ovary; in the right broad ligament a Fallopian tube and a distinct testicle, with an epididymis, and a vas deferens, which was traceable on the side of the uterus as far as the cervix, the junction between the testicle and the epididymis being very feebly, if at all developed. The conformation of the pelvic cavity was between the male and female types. It was alleged by the person that a partial occurrence of the menstrual secretion took place regularly. The case is of interest in its bearings on the development of the genital apparatus, and, from the co-existence of a Fallopian tube and a vas deferens on the same side of the body, it supports the view that these ducts are developed from distinct embryonic structures, viz., from the Müllerian duct and the excretory duct of the Wolffian body.

### Pertussis.

Oppolzer says (*Wiener Med. Presse*, 36, 1868), narcotics and astringents appear to reduce the duration of the disease about one-half.

Belladonna is probably the best, but simply because of its narcotic action. Tannin acts well in the third stage, or that of expectoration. In the case of children one or two years old, he began with pulv. rad. belladonna, gr. 1-12 morning and night, gradually increasing up to gr. $\frac{1}{8}$, or gr. $\frac{1}{6}$, taking the pupil as a guide. Emetics are only given when the bronchial tubes are filled with masses of mucus. To those who were arrived at years of discretion, he also gave sodæ bicarb. ʒss, in a tumbler of sweetened water, a mouthful to be swallowed just before an anticipated paroxysm, for diluting the phlegm. The following also acts well the same part.

| | | |
|---|---|---|
| ℞. | Coccionellæ, | gr. v.—viij. |
| | Potassæ carbonatis, | gr. x. |
| | Aquæ f. dest., | f ʒ ij. M. |

Sig. Give a tablespoonful every two hours.

Change of air is good, even if patient can be

removed but a few miles. If this is not procurable, keep the patient in a room with an equable temperature. For the resulting anemia use good diet. Dr. Link's extract of meat is good. Medicine may also be required.

In conclusion, it may be stated that, of late, many French physicians recommend the exhalations from lime which has been used in purifying burning gas, or, better still, gazéol. Oppolzer has had no experience with these remedies.

### A Royal Introductory.

Don Luiz I., of Portugal, opened the annual course of the Medico Chirurgical School at Lisbon on the 5th of October.

He concluded an address in which he declared his love for science, as follows:

"As regards the students of this school, a sufficient stimulant to their energies may be found in the elevated social position of the greater portion of their predecessors; the example of their teachers, who regard a reputation for learning as the greatest fame they can enjoy; and, finally, the spirit of emulation which must be raised in every elevated soul by the distribution of the prizes, to-day, for distinguished talent, and for the transmission of the splendor of the school." —(*Wiener Med. Presse*, 45, 1868.)

### Position in Sleeping.

It is an opinion among many that the position of our bodies at night with reference to the cardinal points has some influence on the health. The following corroborative observations are by Henry Kennedy, A.B., M.B., in the *Dublin Quarterly Journal of Medical Science*, in an essay on the Acute Affections of Children.

"The last point in connection with my subject which I would notice here is the position of the patient. I know not whether I am addressing any one who is familiar with this plan, but it is one which I have for several years past put in force, and often with very marked results. I had read in some book that sleep was often prevented from the position of the person not being in the right direction, and that to ensure the soundest sleep the head should lie to the north; and strange as this idea may at first sight appear, it has more in it than might be supposed. There are known to be great electrical currents always coursing in one direction around the globe; and there can be little doubt, in my own mind there is none, that our nervous systems are in some mysterious way connected with this universal agent, as it may be called, electricity. I am probably addressing some who are quite conscious of peculiar feelings on the approach of a thunder storm. I have known many such. At any rate, whatever the explanation be, when I read what I have stated the idea at once struck me that it might be turned to account in the treatment of disease, and very shortly afterwards the following case occurred:—A young lady, then about eleven years old, was seized with measles in a severe form. There was very high fever, restlessness, and raving, with a total absence of sleep, and this state went on longer than the natural course of the disorder seemed to account for. In fact, the fever did not come down with the decline of the eruption. Anodynes were now given, but without any marked benefit. I then thought of what I had read, and directed that the patient's position should be altered. She had been lying east and west, and she was now put north and south, and with a very striking result, as on the very first night she got sleep; and though the fever, evidently like the secondary fever of small pox, ran on some days longer, she did not suffer again from loss of rest. I must say, at the time this case occurred, I was quite unprepared for the result, and set it down more to chance than anything else. The fact, however, was enough in itself to draw my attention to the subject, and since then I have often put the same plan in force, and now cannot doubt that it is very frequently successful—I say frequently, for all are not equally susceptible. Nor, indeed, can this be expected. It applies, too, likewise to adults; and my friend, Dr. Grimshaw, has seen it put in force in some cases of fever in the Cork Street Hospital, and with marked benefit. I may remark, however, that it is not so striking in its effects on the poorer as amongst the richer classes of society; and this seems to me just what might be expected, for it connot be doubted that the nervous system in the middle and upper ranks is always in a much more sensitive state than with their poorer brethren. Hence it is that in fever hospitals sleeplessness is rare when compared with what occurs amongst the higher classes. It is worth noting that even in healthy persons sleep will often be absent, or of a broken kind from the cause of which I am speaking. It is very common to hear people saying they can never sleep in a strange bed. Now, though many causes may conspire to this, I cannot doubt that amongst these ought to be placed the one to which your attention is being drawn. One of the latest cases in which the means now brought forward were used was that of a little girl I saw with my friend, Dr. Denham, within the last month. Dr. Wilson, of Coleraine Street, also saw the case. It was one of severe gastric fever, with

the brain very much engaged, and, for a few days, the symptoms were very like those which so often usher in hydrocephalus. In this case two of the means here spoken of were adopted. An anodyne poultice was applied to the abdomen, and the child's position was altered, and with a result which was very striking, for by the second day all danger had passed away, and the very first night of its adoption the child slept. I mention this case because it was seen by others."

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### Cases Successfully Treated with Pepsine.

Since the introduction of *Pepsine* into therapeutics by Dr. Corvisart and Mons. Boudault, the chemist, this remedy has been gaining steadily in the estimation of the medical profession. We have transcribed a few interesting cases treated with it from the work of Dr. Corvisart on "Dyspepsia and Consumption," showing its peculiar adaptability to many disorders of the digestive functions.

*Case* 1. The first was communicated by Dr. A. Longet, member of the Academy of medicine.

*Typhoid Fever.*—On the twenty-fourth day, the patient cannot yet support any food, even the lightest. The administration of Boudault's pepsine in powders produces immediately easy digestions. On suspending the remedy as a test, the old symptoms reappear with violent pain in the stomach and diarrhœa. The treatment is continued for ten days, when the patient digests without any help.—Miss *** 15 years, pupil of the "Maison impériale d'Ecouen," on the 24th day of a serious typhoid affection although convalescent, was in an alarming state of debility, because she could not support any food, not even the lightest. I ordered her Boudault's pepsine in powders. The first half dose which was administered in tapioca broth acted so well, that a second in the same conditions was given to the patient three hours after the first, and was digested without fatigue. The second day the same result with three broths and a raw egg. The third day the dose was intentionally omitted from the first broth in the morning, and this caused violent pains in the stomach and intestines and a watery stool. The two others however, which were administered the same day and contained each half a dose of pepsine, resulted in a complete and easy digestion. The fourth day of the administration of pepsine the patient ate soups and chicken. After this a more and more substantial food could be given, but every time the dose was suppressed for a meal, the digestion was more or less painful. This state lasted 10 days, when the digestion became normal. During this time there existed generally a decided constipation, which however gave way under the simplest remedies.

*Case* II. is reported by Dr. Berthelot, of Paris.

Miss B., complains of a heaviness in the stomach and a very difficult digestion, especially of the evening meal. This state which dated back a whole year, continuing notwithstanding a varied medication, I prescribed for her one dose of pepsine wine Boudault at each evening meal. From this time on she digests much better; as soon as she stops these doses, and I have tried it many times, she digests with more difficulty and the epigastric pains reappear immediately. The taking of pepsine always renders the digestion painless and easy.

*Case* III. is communicated by Dr. Cahagnet, of Napoléon-Vendée.

After a habitual dyspepsia of seven years, with debilitated digestion and loss of strength, disease which resists tonics, purgatives, narcotics, vegetable charcoal and seltzer, and Vichy waters, a serious endocarditis sets in. After curing this, the dyspepsia increases; notwithstanding bitters, Vichy waters, etc., no nourishment can be supported; the patient becomes weaker and vomits everything, even soups and beef tea. The syrup of pepsine of Boudault is prescribed for eight days; the digestion is good from the first day and the alimentation is rendered more copious and more substantial. Strength returns sufficiently to allow walks in the garden.

*Case* IV. From Dr. Parisse, professor at the "Ecole de medecine" of Lille.

*Obstinate vomiting during pregnancy.*—This case was a young woman of a very weak constitution, of irregular habit and subjected for a long time to the use of ferruginous preparations, when she became pregnant for the first time. At first I only suspected her state of pregnancy. The stomach troubles become so disquieting, that I prescribed Boudault's pepsine in powders. She used these for twelve or fifteen days. From the very first day the digestion was better, her condition continued to ameliorate, and soon she could digest without this remedy. It is important to state that pregnancy had arrived at the fourth month; perhaps the change in the digestion might be attributed to the modifications which the uterus undergoes at this time. Still I do not doubt that the remedy has been really useful.

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### Priority in Ligature of the Femoral Artery.

In a communication to the *British Medical Journal* in June last, Mr. C. F. MAUNDER, F. R. C. S., thus gracefully yields a palm to American surgery. All honor to Mr. MAUNDER!

"Twelve months ago I proposed the application of a ligature to the superficial femoral artery, to check acute inflammation of the limb following wound of the knee-joint. The operation was performed with immediate and continuous benefit, and the patient recovered. I need scarcely say that at that time I believed the suggestion to be original, and have only now been undeceived by the perusal of a short paper upon the subject in the *American Journal of Medical Science* of April, 1868. It there appears that the femoral artery was ligatured, *first*, for wound of the knee-joint by H. U. ONDERDONK, M. D., in the year 1813, and occasionally since that date also in America. It is a curious fact that no surgeon has ever informed me that my suggestion was not original; and it is still more strange that the author of the *Annus Medicus*, 1867, published in the *Lancet*, should have spoken of the of the operation proposed by me 'as bold and *novel* (italics are mine), and withal successful, surgical proceedings of the year, we may mention the ligature of the femoral artery in a case of acute traumatic inflammation of the knee-joint on the principle of diminishing the arterial supply of an inflamed part—a principle suggested by Mr. MAUNDER, and now under much discussion.' Still, with the evidence before me, it is clear that I cannot claim priority in the suggestion; and I hasten, by thus addressing you, to give credit to whom credit is due."

### Oleum Terebinthinæ in Erysipelas Traumatica.

Professor Dr. ALBERT LÜCKE, of Berne, (*Berliner Klin. Wochenschrift*, No. 45, 1868,) has applied the above-mentioned remedy with success. We will only cite one of several cases reported.

Christian Oppliger was under treatment for complicated fracture of the leg, and May 12th, 1868, a small sequestrum was extracted. Evening, May 13th, emesis, headache, bodily temperature 40° C. A very lively erysipelatous redness about the wound, of the size of several hands, lymphatic glands of groin swollen and painful. Application of ol. terebinth.

Morning of the 19th. Temperature 38°6; erysipelas somewhat paler. Evening, temperature 38.

On the 15th, erysipelas gone, temperature normal.

Our author did not observe local irritation follow the application of the oil; the patient only felt a slight, temporary burning sensation.

The method was tried with entire success in about nine cases of traumatic erysipelas.

### Vital Force.

The notion that a separate kind of force exists, called vital force, which presides over the production of organic substances, seems to be losing ground. Many chemists assert that life would not be necessary to produce any organic substances; and that they will all be ultimately produced under physical conditions in the chemical laboratory. We gather, from a paper read before the Royal institution of Great Britain, a list of the following substances, generally of organic production, which have lately been synthetically produced from their inorganic elements. Among these are urea, oxalic acid, formic acid, acetic acid, olefiant gas, alcohol, succinic and tartaric acids, ammonia, prussic acid, benzol, the aniline or coal-tar dyes, and, what is one of the latest and strangest discoveries, the odoriferous principle of new hay and the tonquin bean. Many of these substances are quite complex, and they include substances that are most distinctly organic. They are all crystallizable. But thus far there has been no corresponding success in artificially preparing organic tissues. These seem to be in a closer relation with life. Their development must be obtained, if obtained at all, from matter in what Professor GRAHAM calls the "colloid" or gelatinous state.

### Microscopic Fungi as the Cause of Contagion.

Dr. LISSAUER, of Dantzic, has made a number of experiments with penicillium, and concludes that fungus is not a cause of contagion, but is an accidental presence.

He first found it in vaccine lymph; then he procured some from the surface of a cut lemon, and with this he attempted to produce vaccina in a calf, but without effect.

In contradiction to HALLIER, he says: "I believe I have shown that we cannot advance pathology by cultivating microscopic fungi from the products of disease; and that, moreover, the detected and censured fungus cannot be regarded as the contagium until we have succeeded in producing the disease by art."—(*Berl. Kl. Wochenschrift*, No. 30, 1868.)

—— An invalid disturbed all the inmates of his boarding-house recently by imitating a dog. When asked why he did so, he said he had been ordered by his physician to take port wine and bark.

# Reviews and Book Notices.

## NOTES ON BOOKS.

Two more juvenile periodicals are on our table, both new. *The Young Folks' News*, published by Mr. A. Martien, in this city—insuring its success from the start—is an illustrated weekly paper for young people. We have received two numbers, and they give fine promise for the future. One thing our readers may be assured of—the paper will contain nothing in the least objectionable, a vital point in literature for the young. We would suggest that a column be given to a simple, condensed summary of the essential news of the day—not *crowded* into a small space, and thereby rendered unreadable and useless, as is too often done, but properly displayed. Rev. Henry Reeves edits the paper, which is furnished at the low price of $1.00 per annum.

*Onward*—Capt. Mayne Reid's new magazine, announced recently, is now issued by Carlton, New York. It is a handsome monthly, of nearly one hundred pages, at $3.50 per annum. The number before us is replete with articles of interest and instruction. In a very well conceived introductory letter, Capt. Reid says that *Onward* "is not meant to be a mere collect of idle romances, but rather intended as a teacher." Let it be so—and let not the editors of these periodicals for youth forget that *a very serious responsibility rests upon them* to produce a literature that shall have a lasting influence for *good*, and not for *evil*. They will make impressions that will last through the ages of eternity. This is sacred clay: in handling it have a care that your persons are clean, and your vestments holy! The increase of juvenile literature is a marked feature of the times, and we cannot forbear these words of caution.

Among the recent medical works from the French press, one is by Dr. A. Fauvel, the French delegate to the International Conference which met at Constantinople. It is entitled "Analysis of the Proceedings of the International Sanitary Conference at Constantinople." "Le Cholera, étiologie et prophylaxie, origine, endémicité, transmissibilité," and discourses of the propagation, hygienic measures, quarantine measures, and general measures to take in the East to prevent a new invasion of the cholera in Europe.

Another is Dr. St. Martin de Lapagne's "Médecine; Refutation of Dr. Ricord's Doctrines," followed by rational principles and treatment.

The Introductory Lecture to the students of the medical school of Harvard University, by Dr. Charles E. Buckingham, Professor of Obstetrics and Medical Jurisprudence; and the Introductory Address in the Miami Medical College of Cincinnati, by Dr. E. B. Stevens, Professor of Materia Medica and Therapeutics, are both of them well written, and suitable to the occasions.

"Moderate Drinking" is the subject of an essay read before the Pennsylvania State Temperance Convention at its last meeting, by Dr. Sumner Stebbins, of Unionville, Pa. It is published in the *National Temperance Advocate*, and as exhibiting the evil effects, in a physiological point of view, of the practice he reprobates, is well worthy of perusal.

Dr. Henry Gibbons, of San Francisco, editor of the *Pacific Medical and Surgical Journal*, is the author of a prize essay entitled "Tobacco and its Effects," showing that the use of the article is a physical, mental, moral, and social evil. The Board of Managers of the Tract Society of the Methodist Episcopal Church offered for the best essay on this subject a prize of $250; there were fifty competitors, and the Committee unanimously awarded the prize to Dr. Gibbons, who has stated the arguments against tobacco clearly, guardedly, and conclusively. It is published at the Methodist Book Room, in this city.

In a review of Dr. Metz's "Anatomy and Histology of the Eye," in a St. Louis medical periodical, the reviewer dwells severely on some typographical errors in the Latin terms employed in the book, and says the author borrowed too literally from "Pitz 'Lehrbuch." He repeats "Pitz" several times, always with the same orthography. The reviewer's acquaintance with his subject may be judged from the fact that no such person as "Pitz" is known in medical literature. He probably refers to Pilz, but was not familiar with the correct orthography of the name.

### Typhus caused by Cast Iron Stoves.

E. Debasine mentions several cases of typhus, whose origin he attributes to the use of coal in cast iron stoves. He warns against their use, particularly with coal; and says that with this there is always danger of coal poisoning, and of typhus diseases.

Medical and Surgical Reporter.

PHILADELPHIA, JANUARY 2, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

## LATE CASES OF ALLEGED INSANITY.

The evidence in Meade's case has now been before the public for some time. It is another of those instances wherein the sympathy of the public is asked for a husband and a father imprisoned on pretence of insanity by his wife and children—another case which furnished penny-a-liners for the dailies and weeklies a text whereon to talk of *lettres de cachet*, private madhouses, and mercenary physicians.

Here was a man broken down by arduous service, soured and embittered by disappointment and indulgence in violent passion, confessedly given to "fits of ungovernable fury" for trifling causes, carrying about three or four loaded revolvers, suspicious that his daughter, who had tenderly watched over him during a trying illness, meant to poison him, threatening the life of his family, and hanging about the dens of New York to enlist "roughs" in order to murder his prospective son-in-law; finally pronounced by Dr. Brown-Séquard as suffering from an organic disease of the brain: here was such a man turned loose on the public, on his family and his connections, because the judge, while seeing proof of frenzy, of dangerous, wild, uncontrolled, permanent passion, yet was not clear in his mind that this was insanity. He had a definition of insanity of his own, this judge had, so he tells us, but, "though clear to him, he could not express it"!!

Another case of a similar nature was not long since before the courts in this city. This too was a representative case. The evidence showed, beyond the reach of a doubt, that the man entertained delusions; that he believed that he had been poisoned; that his eldest son was a changeling; that his wife, whom the slightest breath of suspicion has never reached, had been unfaithful; that he possessed certain property to which he had not the shadow of a title; that his wife was a negress, etc. With scarcely a dollar at his command, he projected enterprises that would have required an outlay of hundreds of thousands. His character also completely changed, so that the once kind, quiet, affectionate father and husband, became estranged from his family, again and again heaping upon them insult and injury. He became noisy, quarrelsome, carrying about firearms, and threatening to use them. He made a will so absurd that the court, with all its leaning to his side, could not explain it upon any theory of sanity. While under treatment in the Pennsylvania General Hospital for a broken leg, he became so turbulent as to disturb the other patients, and had to be removed to some other part of the house. How could any case of insanity be clearer than this? What single ingredient of the disease was wanting? What criterion or test of insanity, medical or legal, did it fail to meet? If not insanity, what is it?

Look on that picture, and now on this. A man, whom no one ever suspected of insanity, learns that his wife had chosen to commit adultery during his absence from home. He puts a pistol in his pocket, travels a number of miles in perfect coolness, to where he knew the adulterer would be on a certain day, watches his opportunity as his unsuspecting victim enters the room, draws his weapon, takes deliberate aim, and shoots him dead. An enlightened (?) and impartial (!!) jury, sworn to give a true verdict, discover that just at the time of shooting, this murderer was insane!! He is acquitted, and the public clap their hands. Where was Judge Sutherland, with his clear but inexpressible definition of insanity at that time? With his reiterated warning, "The instant you admit the idea of uncontrollable passion, there is an end of justice. The question was not whether the passion was uncontrollable, but whether it was caused by lunacy."

Unless the subject of insanity is to be made a universal door of escape for criminals, and unless the community is to be called upon to chronicle many a disastrous stroke in social life, the definition and the decision of insanity must be left with those who have made it the study of years, and are familiar with it from daily practice.

—— The post surgeon at Fort Randall, Dakotah, claims to have invented electro music, by which one performer can play a brass band in half a dozen different cities at once.

# Notes and Comments.

### Loss of Life by Fire in Public Institutions.

A few weeks ago we had the sad details of the loss of the lives of six or eight insane women, by the conflagration of the Central Ohio Lunatic Asylum at Columbus. The cause was a defective flue, through which fire was communicated to the building. Not many months ago something of the same kind occurred at a Poor-house in Western New York, accompanied also by loss of life; and now we are told that quite recently, one woman was suffocated, and two were badly injured by a fire in the south ward of the Lunatic Asylum in Amhersburg, Canada. The building was saved.

There cannot be too great vigilance exercised at this season of the year in our public institutions, especially in Hospitals for the Insane and in Prisons, where it is necessary to keep the inmates under lock and key, so that they have no means of escape in case of fire. The responsibility of the officers of these institutions is very great, and we urge them to see that their watchmen are faithful in the discharge of their duties.

### Preservation of Fresh Meats.

As a stimulus to inventors it is announced that the Brazilian and Argentine republics each offer a premium of $8000 in gold, to the introducer of the best system of preserving fresh meats, in a manner adapted to their export on a large scale. Mr. Edward F. Davidson, of New York, Consul of the Argentine Republic, will furnish information on the subject. Propesals will be received till May 2d, 1869.

### Liebig's Extract of Meat.

The establishment on the river Uruguay, South America, for the manufacture of Liebig's Extract of Meat, it is stated, has the largest kitchen in the world. The building covers an area of 20,000 square feet, or nearly half an acre. In one hall there are four meat cutters, which can dispose of 200 bullocks each per hour. There are twelve digestors, in which the meat is boiled by steam. They can hold altogether 144,000 pounds of beef. About eighty oxen per hour are actually slaughtered for this immense manufactory of meat extract.

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

# Correspondence.

## FOREIGN.

Paris, 1868.

### Surgical Statistics.

Editors Medical and Surgical Reporter:

The statistics afforded by the catalogue of the Washington Surgical Museum have already been put into service, and compared with those collected in the French and English armies at the Crimea, and during the French campaigns in Italy. The critical reviewer in the *Archives de Medecine* has examined these statistics with a view of ascertaining the relative successes of conservative and operative surgery. The immense scale upon which the experiments in both have been tried, would render the conclusions quite authoritative, were it not that, in many cases, the bad hygienic conditions in which the patients were placed, introduced irregular complications into the calculation of chances. On this account, as conceded by the French critic, the American reports are the most valuable, since their troops were infinitely better cared for, their hospitals better organized, and the whole medical service better conducted, than had ever been the case, either in the Crimea or in Italy.

In comparing the results of operations and attempts at conservation, several sources of error need to be guarded against. For instance, it is generally conceded at present, that primitive amputation is much more favorable than secondary, and this last is only practised when the efforts to save the limb have failed. Consequently, the cases of mortality observed in secondary amputations should justly be placed to the account of the conservative system. Again, it is extremely important to separate amputations made a few hours after the wound, and those made on the third day. The differences in the chances of success are immense, and always brightened when, as of course is generally the case, inflammatory phenomena have occurred before the operation. Four classes should be made, including respectively, amputations practised in the first twenty-four hours; after the first day, but before the development of inflammatory phenomena; after inflammation has set in; finally, ulterior amputations.

In the American war, expectation in the treatment of wounds of the foot was followed by a mortality of 30.12 in 100; while after partial amputations, the mortality rose to 62.90 in a 100. Secondary amputation produced 3.21 per

cent. higher mortality than primitive. The English statistic is favorable, though in a less degree than the French, to the preservation of the foot. The Americans are quoted as having lost only 9,24 per cent. in consequence of partial amputations, and 13.43 after tibio-tarsal amputations—a result immensely superior to that of the allied armies—but it is not stated how many men were saved by the conservative system.

It is concluded, therefore, that amputation of the foot should only be advocated as an extreme measure, and in cases where the parts are disorganized.

In wounds of the tibio-tarsal articulation, expectation (in the Crimea) gave a mortality of 49.91 per cent., but this is probably much too favorable, inasmuch as a large number of the men who recovered were not pensioned, and therefore escaped without anchylosis, which is almost equivalent to saying that the wound had never penetrated into the interior of the articulation. The English surgeous operated in six cases out of eight, when the ankle-joint was wounded, and of the two men treated by expectation, one died.

The American statistic only bears upon resection, of which 18 cases were reported, including 12 recoveries and 6 deaths. The reviewer thinks the Americans are unreasonable to call this result discouraging.

Amputations after wounds of the leg are even more fatal than in the case of the foot, the mortality being 70 per cent. Expectation was followed by 26.61 deaths in a 100. These results do not include fractures of the fibula alone, where the mortality is only 18 per cent. Where the nature of the wound necessitates amputation of the thigh, the chances have been still more against the patient; in the Crimea, the mortality was 90 per cent.

But in extremely grave fractures, that is, when the fragments were numerous, the loss of bony substance considerable, and burrows extended to the articulation, the chances were so great that the surgeon would be forced to finally have recourse to secondary amputation, that the primitive operation was found more successful than attempts at preservation.

The English were less successful in such attempts, even in fractures that were not extremely grave. The mortality was 36.27 per cent., and the mortality after amputations, though higher, was inferior to that observed by the French surgeons, being 50 per cent. The Americans again testify in favor of resection; the minimum mortality by amputation is 26 per cent., while after resections of the tibia it was 18.64, of the fibula 20, and of both bones 25.

After penetrating wounds of the knee, the mortality was enormous at the Crimea, and somewhat higher after expectation than when the limb was at once sacrificed—91.36 per cent. in the first case, and 89.63 in the second. The English hastened to operate as soon as possible, finding that secondary operations of the thigh after wounds of the knee, was very fatal. In America also, ten per cent. more patients were lost by expectation than operation, although the mortality in both cases was less than at the Crimea—73.23 per cent. for operative, and 83.76 per cent. for conservative practice.

In cases of wounds of the thigh, the mortality after amputations has been frightful among the French, whether at the Crimea or at Paris, and amounts to 20 per cent. more than that resulting from expectation. This latter gives 68.39 per cent. of deaths, the former 91 per cent. But in the English statistics, the mortality after expectation is mounted to 82 per cent., while that after primitive amputation was only 62.14. Similar results in America, where amputation loses 50.81 per cent. of the patients, expectation 63.42.

M. A.

## DOMESTIC.

### Female Physicians.

Editors Med. and Surg. Reporter:

In the current number of your journal I notice the statement that an American lady, Miss Mary C. Putnam, is engaged in the study of medicine in Paris, and has been admitted to her first medical examination. It may not be generally known that this lady is a graduate of the Woman's Medical College in this city, and is an intelligent, educated and accomplished physician.

She received her degree of Doctor of Medicine at the annual commencement in the spring of 1864, when she presented as her thesis an elaborate essay written in the Latin language, on "Speculations concerning the function of the Spleen." She is residing abroad for the purpose of further perfecting her medical education, and especially to reap the benefit of that hospital and clinical tuition, which is practically denied to women in her own country.

That Miss Putnam, while a student of medicine in this city, did not have hospital and clinical facilities is no fault of hers, or of her alma mater. The obstacles with which prejudice and self-interest then strewed the path of women

students of medicine were numerous, and almost insuperable. Many have been removed; and though some still remain, may we not hope that the time is not far distant when no medical student, male or female, need set out for Paris, or go elsewhere abroad, for the purpose of adding to or completing their education. W.

*Philadelphia, Nov.* 22, 1868.

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### Maternal Impressions?

Editors Medical and Surgical Reporter:

The numerous little articles in your journal of late on this subject, have reminded me of an incident that occurred not long ago in a neighboring county. Dr. M——, a former pupil of mine, was called to attend a German woman in her confinement. It seems that during her pregnancy she had been startled in some way by a colored man. From that time both her husband and herself had entertained great fears, lest, as a result of the fright, the offspring would in some way be "marked." Nothing, however, was said to the doctor on the subject until after the delivery.

It so happened that the case was one of "face presentation." After rather a severe labor, she was delivered of a healthy looking infant; but the face and head presented strongly the appearance familiar to all obstetric physicians, when such abnormal presentations occur. The mother asked at once if the child was "all right." The doctor replied, "yes,"—but at that instant a howl of despair arose from the father, who had caught sight of the congested and distorted face of the child. That it was a "nigger" was manifest! And the uproar that arose in that household baffled for a long time all the doctor's ingenuity and slender acquirements in the German tongue to overcome. The mother would not have the child in bed with her, and the father would never have such a monster grow up in his family! Finally, with the help of a neighboring woman, the doctor had the poor babe suitably cared for; and to prevent its being made way with after the doctor left, the woman was instructed to keep the child in her possession, night and day, till its improved appearance satisfied the distressed parents that it was not of "the colored persuasion."

Now, with all Christendom, and possibly all heathendom, on the lookout for "marked children," is it wonderful that astounding coincidences should sometimes occur?

Henry M. Lilly, M. D.

*Fond du Lac, Wis., Nov.* 6, 1868.

### Antidotal Action of Opium and Belladonna.

Editors Med. and Surg. Reporter:

In your judicious remarks, on druggists' mistakes, called forth by the late terrible occurrence in Philadelphia, of poisoning by atropia, you say that the antagonism and antidotal effects upon each other, of morphia and atropia, "are *so well known*" that the omission to administer morphia in this unfortunate case is inexplicable and inexcusable. A writer, following you in the next issue of the Reporter, upon the subject of "Belladonna and Opium Poisoning," takes the same view of the antidotal properties of each, as though the question of their antidotal action was definitely settled.

I would ask, not in a spirit of caviling, but for information, if the facts so far as elicited by the experiments now being performed by eminent physicians, do really determine beyond a doubt, that one of these powerful drugs *neutralizes* the effects of the other, in the manner and degree of an *antidote.*

Dr. Geo. Harley, in his Gulstonian Lectures (*Brit. Med. Journal*, April 11, 1868), draws the conclusion, as the result of his experiments, extended during the past year, upon man and the lower animals, that opium and belladonna, administered either combined or separately, *intensify* each other's action.

He also states, as the result of his experiments upon man, this highly important fact (familiar, perhaps, to your many readers,) that by the administration of small doses of atropia previous to giving opium or its alkaloids, we may obviate the unpleasant effects, which in many cases where the sedative, hypnotic effect of opium is so very desirable, yet from an idiosyncrasy on the part of the patient as to the effect of the drug, we are unable to prescribe it. But he found no *antidotal* effect, such as generally has been ascribed to the action of these drugs upon each other. On the contrary, while the *primary* unpleasant effect of morphia was obviated, yet its hypnotic effect was much *greater* when combined or preceded by atropia, and the peculiar action upon the sympathetic system of the latter was much *increased* by morphia. Each *seeming* to *predispose* the system to the effect of the other, *intensifying* and *prolonging* their action.

Reasoning upon theoretical grounds alone, it may seem plausible that these drugs should be antidotal, from the fact that one has a stimulating, and the other a sedative action, upon the sympathetic nerves which control the arterial system. Yet, if Dr. Harley's experiments can

be relied upon, and his conclusions accepted as correct, and we have no reason to doubt them, it seems that there is a point in the ultimate effects of these drugs (probably in their action upon the heart), where they act in concert to depress vital action.

If then, Dr. Harley's opinions are correct, are we not adding fuel to the fire when administering one of these drugs as antidote to the other? I have made the above remarks simply for the purpose of eliciting information for guidance in practice, having personally no experimental knowledge of the subject. Opinions so diametrically opposed, surely, for the benefit of humanity and the guidance of the physician, should be definitely settled beyond the peradventure of a doubt; and as your widely circulated journal ever nobly strives to diffuse correct information, I hope in time this question will be settled through the medium of its columns.

W. H. Sterling, M. D.

*Burlington, N. J., Dec.* 4, 1868.

[Dr. Harley is by no means the first or the only person who denies the antagonism of these two drugs as toxical agents. Bouchardat, Brown-Séquard, and others, years since said "that death by opium takes place from the same dose whether we employ belladonna or not." To counterbalance this proposition, which is defended chiefly by the results of experiments on the lower animals, numerous cases are on record where poisonous doses of opium *were* successfully combatted by the use of belladonna alone. So long as this is the case, and so long as we know that no analogy can be properly drawn between the effects of poisons on brutes and on man, we must still hold the opinion that in desperate cases of intoxication by one of these drugs the physician who neglects to use the other neglects his duty.—Eds.]

# News and Miscellany.

### Death by a Spider.

Samuel Cady, of Webster, Iowa, was bitten on the arm, about a month ago by a large black spider, but was not conscious of injury until about two weeks afterward, when the pain became excruciating, and death occurred on the 11th. It is said that his illness resembled hydrophobia in its worst stages, and the persons attending him were in constant danger of being bitten unless they approached him with great caution. In his delirium he imagined himself to be an immense spider, and was constantly raving about his web, for such he imagined his bed to be. So powerful was his madness that it required the utmost exertions of several strong men to hold him during his paroxysms.

### Liability of Druggists.

An action was brought in the City Court of Brooklyn recently, by Thomas Webster, administrator of Matilda Webster deceased, against Robert Kennedy, for damages resulting from the death of plaintiff's wife, as alleged, by malpractice on the part of the defendant. Mr. Kennedy is a druggist doing business in the vicinity of Third Avenue and Seventeenth street, Gowanus. Some time in October, 1867, Mrs. Webster, who had been complaining of dumb ague for some time, and deprived of her rest in consequence, sent her daughter to Kennedy's store for "something to make her sleep." Mr. Kennedy sent her back with two grains of morphine in one paper, and remarked, that if that did not have the desired effect, nothing would. The daughter administered the dose, and the result was that the mother died next day. Medical testimony was called to prove that an ordinary dose of morphine was from one-sixth to one-third of a grain for an adult, and that those who had become used to it could take larger doses, even as much as two grains. Mrs. Webster had not been accustomed to take large doses. Damages were laid at five thousand dollars, all the law allows, and as the defendant did not appear, either personally or by counsel, an inquest was taken before a jury, who found a verdict for the full amount claimed in favor of plaintiff. The defendant in this case has heretofore been twice tried before the King's County Court of Sessions, and the jury in both cases disagreed.

### Whole-Meal Bread.

It is well known to chemists and physiologists that the very finely bolted and white flour which is so much sought after is far less nutritious than what is termed middlings, or unbolted flour. The most nutritious ingredients of the grain—the wheat phosphates and gluten—are removed to obtain the desired whiteness. Dr. Henry McCormic, an eminent physician of Belfast, Ireland, in some interesting remarks on the subject, says: "What I want to see everywhere is the preparation of whole-meal bread—bread including the bran-phosphates, so all essential to good bread and the nurture of our flesh and bones. But I do not think that the working classes, to whom it is so important, will ever take to it fully until set the example by the more instructed classes.

### Consumption Infectious.

Dr. Henry I. Bowditch, of Boston, says in the *Atlantic Monthly* for January, a literary magazine we have often taken occasion to commend:

"It was our fortune to attend a man slowly dying of consumption, who, while hopelessly ill, was devotedly cared for by his wife, who at the time felt herself, and seemed to be, in perfect health.

Years after her husband's death, and when she was bravely battling against the disease, which commenced its insidious attacks immediately subsequent to his death, she related to me the following fact, but only on my definite inquiries as to how intimate her relations had been with him during his illnes. It seems that often, in wintry nights, that faithful woman would arise from the side of her husband, who was lying with his dress drenched with the chilling sweat of increasing disease, and would persuade him to take her warm clothing and to lie down in the dry warm place she had just left, while, simply throwing a blanket over it, she would take the spot that had been previously occupied by him! Upon our expressing a horror at the thought of the danger she had run, and which apparently had told with so much power upon her, she quietly remarked that she knew at the time the danger she was incurring. She had no thought of danger to herself, and only of her husband's comfort! "But," added she, "I then got what I have never recovered from." A certain vitality seemed to go out of her; and though her nature contended for many years against the encroachments of the disease, she finally died, always believing that she had taken consumption from her husband, but with a certain martyr-like joy that such had really been the fact.

We have now in our mind other and analogous cases, as, for example, of husbands having their first cough when "inhaling the breath of their sick wives," while ministering to their necessities. We have known daughters and sisters, who, full of apparent health and strength, when consumption has seized a mother or sister, have continued to sleep with the invalid, and to breathe the same closed-up atmosphere at night, and to watch all day without perhaps a moment of healthful out-of-door exercise. And we have been distressed to find not a few of such healthy young persons gradually beginning to suffer with indigestion, debility, and finally cough, and all the symptoms of consumption. In some instances, in fact, the attendant has died before the life of the original patient has ended. These facts are very significant; and although we are well aware that, in some of them, other elements of disease may have had their fatal influences, still the cases have been full of suggestions as to the necessities of greater precautions than we, in this country, have usually taken in this matter."

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### Action for Malpractice.

We have to record another of those actions for malpractice, which, prompted by the malignity of enemies, not unfrequently await the best qualified and most conscientious surgeons.

George Chase, of Bangor, Me., broke both bones of his right leg, on Sept. 15th, 1866. The fracture was oblique. Dr. Calvin Seavey, assisted by his son, Dr. Henry H. Seavey, reduced the bones, and attended upon him till the leg was considered sufficiently strong to render further professional aid unnecessary.

After the lapse of a year this action was brought. The writ charged the Doctor with want of skill, attention, and care in reducing the fracture, and treating the limb generally. Determined to have an exhaustive investigation of the facts, and the application of the highest professional skill to test his treatment, from his first view of the fractured limb till he ceased to visit the patient, he called in the testimony of Dr. Tewksbury, of Portland, Dr. Fuller, of Bath, and Dr. Monroe, of Belfast, surgeons of great learning and experience, with that of Dr. Bradbury, of Oldtown.

Dr. Seavey, with his son, Dr. Henry H. Seavey, with other persons acquainted with material facts, testified as to the precise method of reducing the broken bones, and securing them in their natural positions, and as to his treatment of the limb throughout.

Drs. Fuller, Monroe, Bradbury, and Tewksbury, testified that the whole process, from first to last, was very skilfully and carefully performed, and that *they could detect no fault in it.*" They also unanimously testified to the distinguished reputation of Dr. Seavey as a surgeon, ranking him "among the first in the State."

When the testimony was concluded, the counsel for the plaintiff, convinced of the groundless nature of the prosecution, stopped the proceedings, and a non-suit was entered on the record.

It was a felonious scheme to despoil Dr. Seavey of his property, and rob him of his reputation, which is dearer to him than wealth. It deserves severe censure and punishment. It was

apparent that the plaintiff, an infirm, weak, and ignorant man, was used as the mere tool of somebody having not the least interest in the suit, or only as a pauper, having his settlement in, and supported by the town of Eddington.

### Personal's from Europe.

The once distinguished Dr. HOUNAU, Surgeon-Major of the army under the First NAPOLEON, died recently at Pau.—Another victim of death is Dr. GRIESINGER, Professor in the Berlin University, celebrated for his admirable works on clinical medicine.—Dr. CARL ENGELMAN, the oldest physician in Kreuznach, died in October, from pneumonia brought on by exposure and overwork in his practice.—Dr. LUBELSKI, of Warsaw, is one of a number of Polish physicians decorated with orders by the Czar of Russia for devoted services during the cholera epidemics of 1866 and 1867. Dr. L. is known in medical literature by his researches on the treatment of chorea by aspersions of ether in vapor.—The venerable PURKYNE, Professor of Physiology at Prague, lately celebrated his eighty-first birthday. The literary organ of the city took this occasion to mildly hint that it was about time for him to retire and rest. But the next day the Professor was out in a note disclaiming any intention to rest yet—much to the disappointment of his friends.

### The Evans Sanitary Collection.

Our distinguished fellow-countryman, Dr. THOS. W. EVANS, of Paris, has written the following letter to *Galignani*, which is of general interest.

"I take great pleasure in informing all those persons who are interested in the work of ameliorating the condition of the sick and wounded of armies, that I have reopened to public inspection the private Sanitary Collection which I had the honor of exhibiting in the Champ-de-Mars during the summer of 1867, in connection with the 'Société des Secours aux Blessés.' The ambulance and general hospital *matériel* has been entirely reorganised, as well as considerably increased, and I have added to the bibliographical section a large number of valuable books, reports, monographs, diagrams, etc., connected either directly or indirectly with sanitary subjects. The collection has been placed in a building specially constructed for the purpose, at the corner of the Avenue de l'Impératrice and the Avenue Malakoff, and will be opened to the public free every Thursday afternoon between the hours of two and five o'clock."

### Cure for Obesity on Chemical Principles.

Within the past few years, many individuals whom nature or their habits has endowed with an uncomfortable burden of *polysarcia*, or *pinguitude*, have carefully endeavored to follow the rules for diet and habits prescribed by BANTING, in his work on corpulency, and a great portion of these, after some months of sacrifice in the pleasures of gastronomy, have abandoned the task with the verdict "humbug." But if the report of Dr. C. D. GIBB be true, those afflicted with "*embonpoint excessif*" may easily arrive at the desired degree of attenuation by taking for a considerable time very small doses of bromide of ammonium, which, that medical gentleman has assured us, will absorb fat and diminish the weight of the human body with greater certainty than any other remedy known. An article was published in the *London Lancet* several years ago, written by Dr. GIBB, extolling this new preparation for the above named purpose.

—— The Boston *Journal of Chemistry* says :—"For variety of topics discussed, and for industry displayed in collecting facts and cases, what foreign journal compares with the Philadelphia MEDICAL AND SURGICAL REPORTER? This journal is filled with medical and surgical news, and hardly anything occurring in the circle of sciences, to which it is devoted, escapes its notice."

—— Dr. ELLERSLIE WALLACE of this city while visiting a patient on Christmas day, left his carriage standing on Ninth street above Catherine. During his absence a thief entered his carriage and took possession of a box of valuable surgical instruments.

## Army and Navy News.

### Navy News.

List of changes, etc., in the Medical Department of the Navy, during the week ending December 26th, 1868.

Surgeon Ed. Harlan, detached from the U. S. Naval Academy on the 5th January, 1869.

Surgeon Edward Shippen, ordered to the Naval Academy, January 5, 1869.

Surgeon Daniel Egbert, ordered to duty as member of Naval Retiring Board, Philadelphia.

Surgeon George Maulsby, ordered to duty in connection with the Naval Retiring Board, Philadelphia.

Surgeon H. M. Wells, detached from the U. S. S. Shamokin and waiting orders.

Surgeon Jno. S. Kitchen, ordered to duty on board the Receiving Ship, Ohio, Boston, Mass.

Surgeon A. A. Hoehling, ordered as Member of Naval Retiring Board, Philadelphia, Pa.

*[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

## MARRIED.

Backus—Caldwell.—At Three Rivers, Mich., Dec. 22, by the Rev. J. A. Ranney, C. W. Backus, M. D., and Miss Mattie J. Caldwell, both of that city.

Cunningham—Reynolds.—Dec. 3, at the residence of the bride's parents, by Rev. Joseph Painter, D.D., assisted by Rev. T. D. Ewing, Guy Cunningham, M. D., and Miss Sallie D. Reynolds, all of Kittanning, Pa.

Dick—Hoenes.—On the 26th ult., by the Rev. William Newton, at the residence of the bride's parents, Dr. Walter B. Dick and Miss Lizzie, daughter of Philip H. Hoenes, Esq., both of this city.

Humphreys—Barnes.—Dec. 16th, at Christ Church, Springfield, by Bishop Manton Eastburn, assisted by the Rev. Geo. H. McKnight, rector, George H. Humphreys, M. D., of New York, and Emily, daughter of Gen. James Barnes, of Springfield, Mass.

Smith—Hawley.—Dec. 10th, at the house of Mr. Robert Fulton, by Rev. W. J. MacDowell, Erdix T. Smith, M.D., of Corinth, Vt., and Miss Elizabeth Hawley, daughter of Mr. James Hawley, of Newbury.

## DIED.

Bishop.—In this city, on the 28th ult., Dr. William S. Bishop, U. S. N., Surgeon of the United States Naval Hospital, Philadelphia.

Emanuel.—At Linwood, Delaware co., Pa., Dec. 27th, Louis M. Emanuel, M. D., in his 36th year, son of M. Emanuel, M. D., of Linwood.

Howe.—In Newburyport, Mass., Dec. 16th, of scarlet fever, Francis Truman, youngest son of Dr. P. A. and Mary F. Howe, aged 4 years and 6 months.

Hunking.—Dr. Benjamin Hunking, of Lancaster, N. H., a physician of sixty years' standing, and a prominent man in the northern part of the State, died on the 21st ult., at the age of 84.

Pancoast.—Surgeon Pancoast died in Washington on the 15th ult.

"He was a surgeon in the army when the war broke out, and was then made Medical Director of cavalry. He performed many wonderful operations in Finley Hosptal, Washington. He was a nephew of Surgeon Pancoast of Philadelphia, and only thirty years of age."

## OBITUARY.

The faculty of Berlin have met with a heavy loss in the death of Professor Dr. Griesinger.

This eminent physician died of pelvic abscess, on the 26th of October, at the age of 51 years. The painful disease had originated from perforation of the appendix vermiformis.

## WORDS OF CHEER.

*Dr. C. B. M., Ind.*, writes:—

"I am taking four other medical journals, but I had rather dispense with any or all of them than the Reporter. I look forward with a great deal of pleasure to the arrival of each number."

*Dr. G. F. J., Iowa*, says:

"Although I have taken your valuable journal but one year, I now consider it an indispensable article in my practice, and would not be without it for three times the *very low* subscription price."

*Dr. E. H., N. Y.*, says:

"I am delighted with the arrangement of the Compendium. It is far better than *Braithwaite*, and seems to fill the only unoccupied field in the medical literature of this country."

*Dr. J. A. T., N. Y.*, writes:

"The weekly arrival of your journal is anxiously awaited, and I would not dispense with it for double its price. I consider it far superior to any other journal published in this country."

*Dr. T. G., Pa.:*

"Send Reporter and Compendium as hitherto. Grateful for your constant attention to professional wants, and wishing you great success in your good work, I am, etc."

*Dr. J. K. B., Wis.*, enclosing subscription for the Reporter for 1869, says:

"I find it one of the most interesting and instructive of the journals of the day."

*Dr. H. N, N. Y.*, inclosing subscription for Reporter, Compendium, and Pocket Record, says:

"As an old subscriber, I wish to say that in the opinion of many physicians of my acquaintance, the Med. and Surg. Reporter deservedly takes a high place among our current medical literature, and that it is a great favorite with the profession of Western New York. Its contents are almost always of rare value, interest, and importance, especially in a practical point of view, in which it cannot be surpassed by any medical periodical. It should be found on the table of every intelligent physician in the land."

*Dr. H. A. S., Pa.*, writes as follows:

"Allow me to say that the Reporter stands high in this region, and is just what every intelligent physician needs, if he expects to keep posted, and be successful in his practice."

*Dr. I. B. L., Pa.*, says:

"I still continue to think your publications among the best—if not *the* best—I get hold of, and that they more than pay."

## ANSWERS TO CORRESPONDENTS.

### Dislocation of Shoulder.

*Dr. M. H. D.*—"I reduced a dislocation of the shoulder a few days ago, which has been dislocated three times prior to this, this being the fourth. Twice the head of the humerus was forced upward and backward: twice, the last times, the head of the bone was in the axilla; both times (last two) it occurred by suddenly raising his arm. Occupation a farmer. Is there no apparatus that could be applied to his shoulder to prevent it from slipping either way, especially downward. If so, how should it be made, and of what material, so that it may be worn without any inconvenience. Please answer in your next number."

*E. J., of N. J.*—Wilson's Ornithology, the edition you wish costs about $35.

*Dr. J. W. S., of O.*—The best work for coroners is probably Taylor's or Stillé's Medical Jurisprudence. A post mortem case costs from $15.00 to $25.00.

*Dr. J. F., of Pa.*—The case of alleged snake swallowing you refer to was investigated and pronounced wholly fallacious at the Jefferson clinic. If we can get it, we shall insert a full account of it in the Reporter.

*Dr. R S., of O.*—The Reporter for 1869, and Compendium for 1868 and '69 will be $9. Send P. O. order or draft.

*Louisville, Ohio.*—A letter came from this post office, encl sing money for a Pocket Record, but without signature. The Record has been sent to the postmaster.

*Dr. T. J. K., of Tenn.*—Thomas on Diseases of Women costs $6.00.

*Dr B. M., of Iowa.*—Your remittance of Oct. 21 was received and credited.

## METEOROLOGY.

| December, | 14, | 15, | 16, | 17, | 18, | 19, | 20. |
|---|---|---|---|---|---|---|---|
| Wind | W. | N. W. | N. E. | W. | N. W. | N. | E. |
| Weather | Clear. | Clear. | Cl'dy. Snow | Clear. | Clear. | Clear. | Cl'dy. Rain. |
| Depth Rain | | | Rain. 1 in. | | | | 2-10 |
| *Thermometer.* | | | | | | | |
| Minimum | 10° | 21° | 24° | 28° | 32° | 17° | 23° |
| At 8, A. M. | 25 | 34 | 31 | 35 | 41 | 27 | 32 |
| At 12, M. | 34 | 38 | 33 | 34 | 42 | 29 | 34 |
| At 3, P. M. | 34 | 38 | 34 | 34 | 42 | 28 | 42 |
| Mean | 25.75 | 33.50 | 30.25 | 32.75 | 39.25 | 25.25 | 32.75 |
| *Barometer.* | | | | | | | |
| At 12, M. | 29.9 | 30. | 29.6 | 29.3 | 29.7 | 30.2 | 29.9 |

*Germantown, Pa.* B. J. Leedom.

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Directions.—For an adult, a dessertspoonful to a tablespoonful may be taken three times a day, before meals. Children in proportion to their age.

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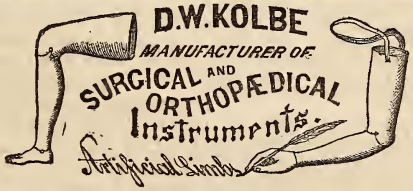


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*From the Illinois State Journal*, 1867.

"It has more real solid worth, more useful instruction, than any similar publication we know of. The ablest essays, the most entertaining stories, the finest poetry, of the English language, are here gathered together."

*From the Richmond Whig*, 1867.

"If a man were to read Littell's magazine regularly, and read nothing else, he would be well informed on all prominent subjects in the general field of human knowledge."

*From the Pacific, San Francisco*, 1868.

"This magazine has gained a reputation for itself such as has never been acquired for any other selected miscellany in our country; and the reputation is a well deserved one. We are surprised, every time we take up a number of this work, at the amount of *good* reading that we find in it. Its publication in weekly numbers gives to it a great advantage over its monthly contemporaries, in the spirit and freshness of its contents."

*From the Mobile Advertiser and Register*, 1867.

"LITTELL'S LIVING AGE, although ostensibly the most costly of our periodicals, is really one of the cheapest—if not the very cheapest—that can be had, whether the quality or quantity of the literary matter furnished be considered. It issues fifty-two numbers a year—each number containing as much as an ordinary monthly magazine."

*From the New York Tribune* 1868.

"The selections always indicate a refined and catholic taste, and a happy art of catering to the popular demands, without lowering the standard of sound literature."

*From the Examiner and Chronicle, New York*, 1868.

"Among the many periodicals of the time, dailies, weeklies, monthlies, and quarterlies, there is one that, for twenty-three years now, has delighted readers of every kind and taste. LITTELL'S LIVING AGE bears a title of truth; it is a living compendium of the thoughts and events of this intensely living age. Interesting from the first number, its long row of solid volumes presents a cabinet of rare gems and precious stones, of curious relics and ingenious inventions, of useful ores and elaborate manufactures,—of everything, indeed, to be found by patient industry, and selected by excellent judgment from the realm of contemporaneous publications. The best of English and American current periodical literatnre is here condensed, and put into permanent, accessible form. History, biography, fiction, poetry, wit, science, politics, criticism, art—what is not here? To take and preserve the weekly numbers of THE LIVING AGE is to have a library in process of substantial growth."

*From the late President of the United States, John Quincy Adams.*

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THE

# MEDICAL AND SURGICAL REPORTER.

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## Original Department.

## Communications.

### ON THE MICROSCOPIC MEANS OF DISTINGUISHING THE STAINS OF UNDILUTED from THOSE OF DILUTED BLOOD.

By Jos. G. Richardson, M. D.,

Of Philadelphia.

Many of your readers are doubtless aware that during the recent trial of George S. Twitchell for the murder of his mother-in-law, an effort was made, on the part of the defendant's counsel, to explain the occurrence of certain spots of blood by evidence to the effect that they might have been caused by splashing of bloody water upon the clothing of the accused while he was occupied in bathing the head of the corpse. In this instance, the testimony of the skilful expert who first examined the stains was so direct and complete that no further proof on this point was required, but as cases may at any time occur when diagnosis between undiluted and diluted blood constitutes a link in the chain of evidence, the following method of distinction seems worthy of attention.

Although denied by some physiologists, few microscopists of the present day, accustomed to the examination of human blood, are ignorant that upon its white corpuscles water has a powerful and almost immediate action, causing them to swell up to twice or three times their usual size, and finally, in many cases, to burst, discharging a portion of their contents. These phenomena are mentioned by Virchow in his *Cellular Pathology*, p. 181, and their minute investigation forms the basis of an article of my own, about to appear in the forthcoming volume of the Pennsylvania Hospital Reports for the current year, the observations connected with which led me to the following method of determining the point at issue.

It is obvious that by employing a weak syrup, or, preferably, a mixture of glycerine and water, having the same specific gravity as the serum (1028), we may wash out the constituents of the blood from any fabrics upon which a stain has been made, without danger of distending or rupturing, by endosmosis, the white corpuscles; and it occurred to me that there was little doubt that careful observation, with a high power in a fluid thus obtained, would secure the detection of unchanged white corpuscles, did they exist. In order to test the truth of this surmise, after numerous preliminary experiments, I macerated in such a solution as above referred to, threads from a piece of muslin (upon which I had splashed some drops of blood from my finger the day before,) until the fluid acquired a red color; a portion of this liquid was then placed on a slide, covered with thin glass, and examined under a 1-25 inch objective. Numerous white blood corpuscles were readily detected, having their characteristic granular appearance, and occasionally exhibiting that sharply defined tuberculated surface, found with about equal infrequency among the white cells of recently drawn blood. On cautiously adding water at the edge of the thin glass, the corpuscles were seen to swell up (although less promptly or fully than in fresh blood) and nuclei, varying from one to three in number, were brought into view. In subsequent experiments, these corpuscles were rendered so distinct as to be quite unmistakable, by the action of acetic acid, and by coloring their nuclei with aniline solution.

Of course, in solving this problem, negative evidence, as in all other cases, can have but little value in comparison with positive, and the failure to detect unaltered white blood corpuscles must not be regarded as proof that a particular stain was the product of mingled blood and water; but, on the contrary, the discovery in the fluid from a blood-stain (treated as above directed) of numerous rounded and oval corpuscles about 1-3000 of an inch in diameter, granular to a greater or less degree, and which swell up, exhibiting one, two, or three nuclei, on the free exhibition of water, would, in my opinion, justify the microscopist in affirming that the spot had been caused by undiluted or but slightly diluted blood; and so slender is at times the clue which

a mysterious Providence seems *always* to provide for the detection of the murderer and assassin, that even this fact, so insignificant in itself, may occasionally become of vital importance in securing justice for some innocent person wrongfully accused, or in vindicating the majesty of the law upon the guilty criminal.

## USEFUL MODIFICATION OF THE UTERINE DRESSING FORCEP.

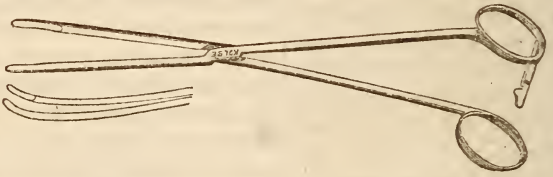
By J. G. Allen, M.D.,
Of Philadelphia.

[We have obtained from Dr. Allen the following description of his new and useful modification of these forceps.—Eds.]

This little modification of the well known uterine dressing forceps, illustrated by Fig. 1, suggested itself to me five or six years ago, as a means of avoiding the difficulties and annoyances so often recurring in making applications to the mucous membrane lining the *cavity* of the uterus.

The instrument is made rather longer, and in every respect lighter and more delicate than the common uterine forceps designed for use through the speculum. The clamp end is slightly curved

Fig. 1.



—to an extent rather less than the average curvature of the womb sound, and is excavated, so as to hold small fragments of whatever agent it may be desired to carry into the uterus.

When the instrument is closed, it completely encases and conceals its contents; even liquid substances, such as tinct. iodine or carbolic acid, may be thus used. The point of the instrument is carefully rounded, and made rather blunt. Thus made, it will pass into the uterus as readily as a womb-sound.

It is evident that the instrument thus modified, will still perform quite as well as ever, all the functions of the common straight uterine forceps. There is no difficulty in grasping with it an ordinary stick of caustic, or seizing fragments of cloth or spunge for cleansing the os. It has now been for several years exclusively used by several of my professional friends in Philadelphia.

Where the design of the surgeon extends no further than to cauterize the os and cavity of the neck of the uterus, or where the internal os is exceedingly open and patulous, the ordinary straight forceps are often all that is requisite—even a good quill as caustic holder might perhaps do till the parts began to regain something of their natural tone.

But even where the uterus is found in this sluggish, open and patulous condition, it very frequently happens that the stimulus of the caustic within the uterus causes a very evident contraction of the organ—quite sufficient to snap off a brittle stick of nitrate of silver—so that when the instrument is withdrawn, the surgeon (if inexperienced) is frightened about the portion left behind.

It is evident that with the provocation of a contraction sufficient to break a stick of nitrate, the internal os is likely to be quite tightly closed. Then ensues a "uterine colic," which is an actual labor on the part of the uterus—an effort to expel its irritating contents. Large portions of nitrate of silver, thus left in the uterus, (except for the colicky pain it occasions,) will do no actual injury to the organ, as it quickly becomes quite completely enveloped by portions of the decomposed nitrate, in combination with tough mucus excretions from the uterus, so that its caustic effects are never excessive *there;* but after some time it is sure to be expelled or slip into the vagina, where very ugly and annoying excoriations may ensue.

I have often resorted to a very neat little artifice to extract a portion of nitrate thus accidentally left in the cavity of the uterus. All that is necessary to accomplish this, is to introduce the clamp end of the uterine forceps, (any pattern will do,) just barely within the internal os; force it open in this position, about the one-eighth of an inch, and retain it thus for a few moments. There will always be enough contractile action to force a portion of a stick of nitrate down into the grasp of the instrument, so that upon closing and withdrawing it, the portion sought after will be brought away. So often have I successfully tried this expedient,

that I cannot conceive of there ever arising a necessity for resorting to the trouble and parade of using a galvanic battery to prevent uterine colic, as has been suggested by a German author, whose article appears in the present number of "The Reporter."

But this instrument is of still greater utility in that very large class of cases where the mucous surface of the uterine cavity needs a caustic application, as well as the external os and the cavity of the neck, and where yet the internal os is not sufficiently open to permit the passage through it of a stick of solid nitrate, or more frequently perhaps, is stimulated to contract and close tightly as soon as the caustic comes in contact with the external os or the lower portions of the cavity of the neck. In such cases no stimulating application can pass the internal os at all, or at least not without doing it actual violence. In many of these cases the cavity of the neck and the external os are subjected to too much cauterization, and they will frequently absolutely refuse to heal until the cavity of the organ is simultaneously treated.

In such cases a few fragments of the crystallized nitrate may be entirely enclosed in the scooped portion of this modified instrument, and may then be carried past the internal os with as much facility as if the surgeon were but introducing a uterine sound.

The contents are thus easily deposited within the uterine cavity, or the instrument may be retained there a few moments, slightly forced open, and whatever has been carried in, dissolves out.

The extent of the application may be exactly graded by merely regulating the amount placed in the instrument. Uterine colic almost never occurs. The instrument will not hold sufficient material to endanger excoriations of the vagina.

The only instance in which I have ever resorted to the application of galvanism directly to the uterus, was in a case of epilepsy of long standing, and which was evidently in some measure connected with uterine disturbance. The os was exposed by means of an ordinary cylindrical glass speculum, and an ordinary womb sound passed into the uterus. The handle of the sound was attached to one pole of a magneto-electric machine, and the other pole held in the patient's hand. The duration of the application was about two or three minutes. The current was gentle, and the operation repeated about three times a month, being avoided about the catamenial periods. The redness of the granulation about the os uteri would always diminish upon the application of the current. A glass speculum was mostly used to insure perfect insulation of the sound up to the point of its contact with the uterus, though wrapping the external portions of the sound with fragments of cloth or paper, to prevent direct contact with a metallic speculum, answered equally well.

I am quite sure that the galvanic current was beneficial to this patient, though satisfactory inferences can scarcely be safely drawn from but one such case, and the more especially in this instance, as I used it in conjunction with occasional applications of nitrate of silver, and administered the bromides. The latter, however, had been a long time tried without anything but partial relief, before resorting to direct treatment of the uterus. This patient was a married lady, near forty years of age, had borne several children, and had begun to manifest powerful evidences of silliness and imbecility, which, under this treatment, have entirely disappeared, and though the patient is not absolutely cured, many months often now elapse without an attack, and they are usually much lighter than formerly.

## ATOMIZED MEDICATION FOR ASTHMA.

By M. F. Basset, M. D.,
Of Quincy, Ill.

The inquiry of J. G. F., of Texas, and your reply thereto in No. 610 Reporter, induce me to contribute a few observations relative to asthma and its treatment. It is not necessary to discuss the causes, symptoms, remedies, and usual modes of treatment, as they are or should be familiar to your professional readers. Another fact is also well known to those who have had much experience in the treatment of asthmatic patients—idiopathic asthma is never cured and seldom materially alleviated by any of the remedies of our best authorities, and even a "foreign climate," or change of residence, is but a palliative, and in a majority of cases is an impossible measure.

Some experiments which I have recently made in the treatment of this distressing malady, by means of the atomizer and the inhalation of medicated spray, have been so satisfactory to me and my patients, that I feel justified in asking the attention of the profession to this plan of treatment.

The hand atomizer of any manufacture, that throws a continuous and copious jet of spray, answers every purpose, and is more convenient in general practice than the more complicated and cumbersome "nephogene." With these instruments, as is generally known, any liquid or

medicinal substance in solution, can be applied directly to all parts of the air passages or respiratory organs. Various medical agents by this method are appropriate to asthma, but I have gained the best results from a combination of antispasmodics and expectorants. In the four cases which I subjoin, the following formula was employed:

℞. Ext. hyosciami, fl.
" lobeliæ, fl. āā f.ʒj.
Aquæ dest. f.ʒj. M.

*Case* 1*st.* A merchant, æt. 40, has suffered from childhood more or less—the past six years a great deal, seldom being able to lie in bed all night, especially in autumn. Was called to him at night of August 15th, '68. Found him in an unusually severe paroxysm and nearly unconscious from the effects of chloroform inhalation, having used four ounces of this anesthetic during the day and evening, with only slight and transient relief. The spray gave him perceptible relief in ten minutes. Leaving the atomizer with directions to use it for four or five minutes at a time every hour, or oftener if necessary, I returned next day to find my patient breathing easily, looking comfortable and feeling greatly refreshed from eight hours' sleep that he had enjoyed in the morning. The spray was continued at intervals for the next three days and no other medication employed, except a cathartic at my second visit. No more sleep was lost nor distress endured, and when I discontinued the treatment he informed me that the last three days and nights had been passed more comfortably than the same length of time during the last six years. Have not seen the case or had any further report since.

*Case* 2*d.* A young man of about 25 years of age came into my office August 20th laboring under so severe an attack that he had walked three blocks with the greatest difficulty and could not speak for several moments. His respiration, cyanosed and distressed expression, gave a correct knowledge of his affection, and as soon as he was seated, without waiting for him to tell his story, I commenced to give him the spray. In less time than it requires to write it, he began to inspire easier and in half an hour was breathing and talking with ease. He informed me that he was a stranger, bound west to find a place where he could be exempt from the suffering he had endured on the sea shore from his childhood—that he had been detained here for a week on account of the present attack and that the night previous one of our most experienced medical men had been with him for several hours making fruitless efforts to relieve him. He came to my office morning and evening for several days and used the spray for an hour at intervals, suffering but little by night or day and then went on his way rejoicing.

*Case* 3*d.* An old gentleman about 60 years of age, whom I have known as an asthmatic for several years, living on a farm three miles from town, despatched a messenger for me in haste late in the evening of August 24th. I found him in a frightful paroxysm, with all the symptoms of extreme distress and suffering. As speedily as possible the spray was administered, and in half an hour he fell into a quiet and refreshing sleep, for the first time in nearly a week. I left him a chologogue cathartic with directions for him to take it when he should awake, also the atomizer and directions for its use. The next evening found him comfortable with the gratifying report that he had slept and rested quite comfortably, and had had no distressing paroxysm since the previous visit. Prescribed five grains of quinine to be taken every morning, and half a grain of podophyllin every evening, and to continue the spray at intervals for four days and then to report at my office. At the appointed time a neighbor returned the atomizer with the report that the old gentleman was perfectly relieved and at work as usual. I have seen the patient several times since, and he informs me he has been entirely free from asthma ever since, now nearly three months, and that he sleeps comfortably upon a feather bed.

*Case* 4*th.* A prominent citizen of this place, about 50 years of age, who has suffered more from asthma and obtained less benefit from the usual treatment, for the past eight years that I have been acquainted with him, than any other asthmatic I ever knew, called me Sept. 17th on account of an unusually severe paroxysm. The spray relieved him promptly, and instead of being confined to the house for several days as always heretofore with similar attacks, the next day he was able to go to his office and attend to ordinary business. He used the spray for several days occasionally, and experienced great benefit from it, and says nothing else has ever given him such prompt and decided relief, and thinks it has permanently improved his condition, as he has since been exempt from a severe paroxysm. He formerly lived in one of the Eastern States, where he had suffered so much from this complaint that he came West hoping to find relief from change of climate. The change benefited him for a time but not permanently. Since residing here, in addition to your cor-

respondent, several of our most experienced physicians have exhausted their skill upon him in vain. He smoked arsenic and saltpetre, inhaled chloroform and ether to an alarming extent, taken anodynes and stimulants, had hypodermic injections in great number and varieties, used every nostrum and measure ever conceived of for this malady, and never found even a reliable palliative till the spray was resorted to. I believe that a few months hence this case will afford still stronger evidence of the efficiency of the new plan of treatment.

## YELLOW FEVER IN PERU.

By J. P. Brolasky, M.D.

Having resided many years in Peru, upon my return, I have been requested to give what small experience I may have had, during the late epidemic of yellow fever which resulted in the loss of many thousands of lives, both in Lima the capital and Callao the principal seaport town.

Since the years 1853, 4 and 6, Peru has been remarkably exempt, (although lying in 12° south lat.) from most of the pestilential fevers and epidemics which one naturally supposes to be indigenous to all cities and towns in the tropics, especially when the utter want of cleanliness, and total disregard of municipal laws relative to the hygiene of the cities be taken in consideration. A great deal no doubt of the healthfulness of the cities above named may be attributed to the absence of rain (although the dews are at seasons very heavy) allowing the offal which is universally thrown into the public thoroughfares, drains, etc., to become in a very few hours so desiccated that there is but very little effluvia to arise from it.

In fact during the late epidemic we had less dew and moisture from fogs, etc., than I have experienced for the eight years previous; and the disease certainly was not imported from Panama or Guayaquil, it extended as as far south as Iquique, entirely passing over some parts, where there was every reason to suppose that an epidemic would be certain to lay claim to hundreds of victims, and attacking others, that were considered thoroughly healthy, and almost decimating the population.

For a long time some two or three months the Anglo-saxon race seemed to be exempt, the disease attacking the Chilenos, Italians aud German residents, but at last, no nationality, habits of life, or business, exempted one from its influence; in some cases the disease marching so rapidly that but a few hours from the first symptoms (at least such as came under the eye of the practitioner) to its fatal termination would elapse.

Toward the latter portion of April, 1868, the epidemic became more typhoid in its character, and consequently more fatal,—delirium setting in on the third day, suppression of urine, hæmorrhage from mouth and nose, very great discoloration of the skin, engorgement of the conjunctiva, deafness, and on the sixth or seventh day death. It was in this particular typhoid character of the disease that constant watching, nursing, and rather free use of stimulants proved their efficacy and usefulness. The exciting causes of the disease it is impossible to trace, to any of the theories as laid down by the various authors, some attributing it to "stagnant water, thick jungles, even high and arid hills after rain, some to decomposition taking place in the ballast of ships, or a putrid state of bilge water, others to intense solar heat, acting *per se*, or on wet marshy coasts, miasma arising from particles of putrid animal or vegetable matters, others to exhalations from marshes subject to periodic inundation and draining;" in fact many theories, but none that will at all apply to Lima and Callao.

As to the contagious or non-contagious character of yellow fever, I for one have never seen a single instance that for a moment could be supposed to have arisen from contagion, but have seen many cases that could not possibly have escaped the disease, had it been contagious, being subjected to the same food, light, air, clothing, etc., especially in the Bay amongst the shipping, and still escape, one, two or three out of a crew down with the fever, and from twenty to forty perfectly free from disease; the same in private families, one possibly dying or dead, and the other members of the family, young or old Cholos or foreigners escaping.

The premonitory symptoms consisting in most instances of a giddy indescribable sensation and acute pain in the back of the head, sometimes constipation of the bowels, pain in the back, more especially in the lumbar region and in the limbs, are usually felt from twenty-four to forty-eight hours previous to the manifestation of the disease itself, which is indicated by excessive sickness of the stomach, vomiting, pains in the back of the head, back and limbs, almost unbearable, sometimes accompanied by rigor, countenance flushed and swollen, tongue moist slightly coated, tip and edges reddish, pulse small and not too frequent, skin cool to the touch but dry, patient generally complaining of great coldness; these symptoms I have seen last from four to thirty hours, following this stage a burning heat of the

skin, and if it were possible an aggravation of all the other symptoms, with tenderness upon pressure (which is now noticeable for the first time) over the stomach and right hypochondrium. The matter ejected from the stomach shows the deranged powers of digestion, getting gradually less in quantity, and in many instances, almost pure bile is thrown off, a very perceptible diminution of the urine, which in some cases, becomes excessively offensive, the evacuations are sometimes very copious in this stage, but not always so, pulse small, ranging from eighty-five to ninety-five and in some rare cases it has been found full and bounding, increasing in frequency and of great force, intense thirst, which seems almost insatiable.

From the fourth to the fifth day a marked change is observed in the tongue, lips, etc., the former being thickly coated, with a dark blackish crust in the centre, whilst the tip and sides are of a deep red, after coma sets in, but rarely until the sixth day, with hiccough, atony of the bladder, with occasional vomiting of "a dark brown or blackish matter in a glary mucus, which has been very correctly likened to coffee-grounds, to which it bears a striking resemblance." This vomiting of black matter continues until death, it is ejected without difficulty, and frequently in large quantities. On the seventh day the features are contracted, sometimes convulsions, coma and low muttering, with great restlessness and increased hæmorrhage from nose and mouth.

(To be continued.)

# Editorial Department.

## Periscope.

### Syphilis of the Rectum.

[A letter from one of our correspondents in Paris has the following remarks.—Eds.]

M. Després, surgeon at Louraine, has recently made a study of seven cases of phagedenic chancre of the rectum observed in that focus of syphilitic disease. The chancres in this region consist of shallow ulcers, with irregular edges, originating either in a soft chancre or an ulcerated plaque muquense at the anus. They are rarely diagnosticated at their début, unless the mucous membrane of the anus form condylomata, between which pus is seen to ooze out. This circumstance leads the physician to explore the rectum, although the patients complain of no suffering in that region.

The rectal chancre occupies by preference the anterior part of the anus, and may be perceived by separating the mucous folds. The index finger, introduced into the rectum, perfectly appreciates the loss of substance. Sometimes, instead of remaining exclusively in the interior, the chancre is prolonged underneath a condyloma of the exterior, or indolent fissures exist between the *plaques muqueuses* around the anus. This linear ulceration gradually gains the rectum, and becomes confounded with the shallow chancre already situated there. Then the patient begins to suffer in the act of defecation, and pus flows more or less constantly from the anus. Later, the ulcerations become less sensitive, their edges grow tumefied and fungous, and their surface is covered with reddish-yellow fungosities or fleshy granulations, round, soft, and indolent. This is the first phase of reparation, reparation which constitutes precisely the danger of the disease. For these granulations presently result in the formation of cicatricial tissue, which inevitably contracts the mucous membrane, and produces stricture of the rectum with all its consequences. While these cicatricial bands are recent, they can be easily torn, and the bowel dilated by bougies or even packets of lint. But if neglected, the stricture progresses fatally. I had an opportunity of examining, in the service of M. Gosselin, the rectum of a patient who had died after submitting to an attempt at forced dilatation, and this piece is cited by Després as an example of the ultimate stage of phagedenic chancre. In this case the fibrous bands extended twenty-two centimetres in the rectum, which was especially thickened and narrowed at the level of two centimetres above the anus. Five ulcerations remained, and constituted the mouths of as many fistulæ, which communicated with the perineum.

The new tissue terminated quite abruptly on the border of the healthy membrane which succeeded.

Defecation only begins to be decidedly painful when the stricture has formed. Very little bleeding at any time.

These rectal chancres are generally caused by direct contact of the pus which flows from chancres at the vagina, (M. Després' cases, occurring at Louraine, were necessarily all women,) and which trickles down upon the anus. It penetrates by capillarity, in the same way as the pus of vaginitis, which causes an inflammation of the urinary meatus.

The diagnostic can always be made out by practising the rectal touch, which, says Després, should never be neglected in treating patients affected with vulvar or vaginal chancres, and es-

pecially if this be complicated by condylomata at the anus.

The ulceration itself often heals without treatment, but in that case the cicatrix is formed with all its tendency to stricture, and it is the prevention and cure of this cicatrice which really claims the attention of the surgeon.

It may be avoided unless the ulceration have invaded the entire circumference of the rectum, but in that case stricture is inevitable. When only a single fibrous band exists, the stricture in time may be cured, but if there be annular stricture the surgeon can do nothing but palliate more or less by means of dilatation.

The treatment of these phagedenic ulcerations consists in cauterization, with a view of transforming the ulceration into a granulating surface analogous to that of a simple wound. M. Després prefers passing over the chancre, by means of pincers, meshes of lint imbibed with a a solution of chloride of zinc. This solution has the advantage of attacking with great energy surfaces deprived of their epithelium, leaving the others intact. Large bougies of lint, covered with a pomade of lard and glycerine, should be kept constantly in the rectum, and be renewed every twenty-four hours.

When ulcerations and stricture co-exist, and pus flows from the anus, astringent injections should be used, made with eight grammes of rhatany, two to four grammes dry chlorate of zinc, and two hundred and fifty grammes water. On the same day should be administered two oil injections. Dilatation should then be sought by means of india rubber canulæ.

Fistulæ should be cauterized as well as the chancre, since they are equally phagedenic.

An extremely important point to notice is that no specific treatment has any effect upon these rectal chancres, which constitute an exclusively local disease. M.

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### Pharyngitis and Stomatitis Leucæmia.

[By D. F. Mosler. Translated from the German, by Dr. M. Pflaum.]

In the course of fifteen months, the following symptoms appeared in a man æt. 40, who previously had been in good health, viz., tumefection of the cervical glands of both sides, inflammation of the mucous membrane of the mouth and pharynx, with loosening and bleeding of the gums, tumefaction of the axillary and inguinal glands; and, finally, of the spleen and liver, and an indubitable increase of the white blood corpuscles, (one white blood corpuscle to thirty red ones.) The only cause which could be found for these phenomena, was excessive mental and corporeal exertion. Of peculiar interest was the state of the pharynx; the mucous membrane was reddened and tumefied, and numerous large medullary tumors, of glossy appearance, were visible on it; both tonsils were swollen; the tonsellary glands were developed to large medullary knots of solid structure. The secretion of the mucous membrane and pharynx, as well as the secretion of the salivary glands, was remarkably increased, especially by speaking. After the mouth had been well cleaned, the secretion of the mouth showed a sour reaction. As the patient never before had suffered from an affection of the mucous membrane of the mouth and pharynx, and as this affection appeared after the swelling of the cervical glands had existed for some time, and increased or decreased with the swelling of these glands, according to their increase or decrease, and as the affection of the mucous membrane improved under the treatment with iron and quinine, which medicines acted beneficially on the whole system; the writer thinks this pharyngitis and stomatitis to be a specific one caused by the leucæmic dyscrasy. The stomatitis, which was very similar to scorbutic stomatitis, is probably the consequence of an irritation, caused by certain as yet unknown chemical products in the blood, and in the secretions in cases of lymphatic leucæmia.

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### The Microscopic Component parts of Vaccine Lymph, by Dr. F. Keber. Translated from the German, by Dr. M. Pflaum.

Fresh lymph from normal developed cow-pox, which for the naked eye is of transparent appearance, shows, examined by the microscope, beside the incidental admixture of small particles of duct, debris of epidermis, blood-corpuscles and coagulated fibrin as well pus-corpuscles, which have been detected by former observers, as a number of peculiar grand cells, innumerable free granules, and punctiform molecules, of scarcely measureable size. The granule cells contain occasionally some more solitary, somewhat larger, round granules; the number of granules in the cells amount from three to twenty and to more; sometimes they cohere so intimately, that it appears as if they were in a state of multiplication by self division. These structures are found in the cow-pox as soon as they contain some lymph; after the ninth day the pus-corpuscles become more numerous. By admixture with distilled water the above described structures do not undergo any change; the granule cells remain on the filter, whilst a number of granules and

molecules pass through. The filtered lymph does not lose its efficacy. The coagula which were sometimes observed in lymph which had been kept for a time, consist principally of the above structures; they are greatly qualified for prolific vaccination. Dried lymph, and also vaccine crusts, softened in distilled water, show the same structures, while no traces of them are visible in so-called wild lymph, which is not meet for the production of genuine cow-pox. Crystals are found in lymph, whether in its drying or in its decomposing state. In the writer's opinion, the granule cells and granules which he observed in his experiments, are the bearers of the contagion. Only such lymph, which contains them, can be applied for the successful production of useful vaccine matter, whereas such lymph which contains already acicular and fassicular crystallizations, has no effect whatever. He believes that the fungoid growths and fungi which are found in diluted lymph, are of no consequence in regard to producing vaccine matter.

The examinations of lymph taken from variola and varioloid, gave the same results as those which are apparent in the lymph from cow-pox; they even were better to be seen in lymph from variola, the granule cells and granules of larger size, and more conspicuous.

The examinations of the blood of small-pox patients, as well as the air of the small-pox wards, did not give any positive result.

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### Miscarriage without Pain.

Dr. R. S. Kelso, of Blooming Grove, Ill., details the following interesting case of painless miscarriage, in the *Chicago Med. Journal.*

Oct. 10th, 1867, was called to Mrs. D., pregnant about five months. While engaged in her ordinary household duties, without the least premonition, there was rupture of the membranes, and discharge of the amniotic fluid.

11th. Ordered tinct. ergot in drachm doses, every hour for six hours, but without effect. In the evening I found the os uteri well dilated, right shoulder presenting, with protrusion of the hand and arm, though she had not felt a single pain, but only a weight, or dragging sensation, when she stood upon her feet.

Not thinking it necessary to turn, as the fœtus was small, I introduced a finger on each side of the neck, and brought down the head; then with slight traction, and a bearing down effort on her part, it was easily delivered. There was also another fœtus, with breech presenting, which I delivered in like manner, by bringing down the feet.

After waiting an hour, I administered chloroform, and removed the placenta, which was so firmly adherent that it was impossible to detach it, except by taking it away in pieces.

The lady had a good getting up, and in ten days was able to perform her household duties, not having had a single pain from first to last.

I have since attended her in a miscarriage brought on in the same way, but she had a few pains.

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### Balbuties.

Wyneken draws a distinction between stuttering and stammering, and regards the latter as depending on an imperfect, or entirely absent, power of forming one or more simple sounds of speech, while in the former the individual can pronounce single letters correctly and without difficulty, but finds it hard to form syllables. (*Aerztliches Literaturblatt*, No. 7, 1868).

Merkel has described stammering as *paralysis literalis*, and stuttering as *paralysis syllabaris*. Another difference described by our author is that stuttering is always attended by more or less bashfulness, which increases the trouble, while stammering remains about the same under all circumstances, indeed it is, if anything, even diminished by observation of the stammerer. He classes it with the neurosis, and regards it as depending upon a deficiency of the influence of the will on the innervation of certain muscles concerned in the production of speech. Another operative cause is mental, and it consists principally in the doubt of the individual as to his ability to speak. This state of doubt, Wyneken also terms a *will*, which opposes the true *will* and paralyses it; so that the muscles of respiration and vocalization, know not which to obey; and consequently they do not perform their functions with proper accord, and stuttering results. Wyneken speaks of this condition as exactly similar to that in which a person about to venture a leap doubts his ability at the very instant of jumping. Often he cannot hold himself, but as he does not spring with the requisite confidence the distance is not reached.

The treatment of stuttering must consist, above all, in imbuing the patient with confidence in his ability to say everything. As long as he believes in the infallibility of the method of treatment he will speak well. Only on this ground could Dieffenbach's operation of glossotomy have produced good results; not because a piece of the tongue was removed, but on account of the

patient's faith in so formidable a procedure, and his belief that it must be followed by perfect cure. But the operation should be abandoned, at all events. When from any cause the patient's doubts were awakened, no good result followed the operation.

The author now refers to Katenkamp's method of treatment. It consists, in short, of the following procedures: For the first few days the patient is left to himself, but is observed, in order to detect how much he is affected, which letters occasion the most trouble, and what circumstances increase the difficulty. After thorough examination the patient now begins the first stage of treatment, during which he must observe silence; WYNEKEN attaches great importance to the latter.

The treatment proper then begins with regulation of the respiration, which during stuttering is subject to great irregularity. When the patient can expand his lungs perfectly, and can inspire and expire with equal effort, we pass on to the vowels, and show the different attitudes of the mouth when they are formed; first we permit their silent formation, afterwards we allow them to be vocalized. Then, in like manner, we go to the diphthongs; after this we attach to the vowels first one, then two, and three consonants; and we now practise these until the patient is convinced that he can pronounce every vowel, and every syllable beginning with a vowel, free from stoppage. Then a consonant is placed before a vowel, and combined with every vowel; we begin with the consonant he can best pronounce. and gradually advance to the most difficult. While adding our consonants, by degrees, before and after vowels, we reach monosyllabic words, then polysyllabic, and finally plain sentences. Only after speech has become very sure may we advance to reading and from this to declamation of what has been read.

With this method the first stags of treatment lasts from 6—12 weeks, after which the patient is permitted to speak with his physician, and then successively with the other inmates of the institution.

The second difficulty for students to surmount is "keeping time," that is, the pronounciation of every syllable as in a polysyllabic word, each one must be the same length and be uttered very slowly; and every mark of punctuation must be followed by a fresh inspiration. He must, when suddenly or unexpectedly addressed, pause before making a reply; and only after he can stand all these tests well, and can speak "in time" for several months, can be regarded as cured.

The greatest number of relapses occur in this second stage; and then nothing remains but to begin at silence again, go over all his difficulties with the patient in study hours, and not to allow him to speak again until he has won back his confidence.

After speaking of the mental and physical conditions which influence stuttering, WYNEKEN says that the duration of treatment is very various, some few were discharged well in six months, some had not observably improved in two years. In the latter cases he recommends suspension of the treatment, as the patients are incurable from great deficiency of volition.

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### Therapeutic Value of Olive-oil.

At the last meeting of the Harveian Society says the *Brit. Med. Jour.*, Dr. RAMSKILL read a paper on the Therapeutic Value of Olive-oil. The paper consisted of a history of two cases of gout, which he considered types of the kind of disease, and especially as to the stage of it in which the internal administration of olive-oil was most useful. The first type was represented by a patient affected with comparatively acute attacks, reappearing with very short intervals, and making little or no way towards convalescence. Bark, quinine, iron, had frequently failed to prevent a reappearance of the disease. Cod-liver oil was rarely borne at all. In such cases, olive-oil, given when the patient lapsed in the interval, had answered all the requirements of the case in Dr. RAMSKILL's hands. Nutrition began to improve, and no more relapses occurred. The second class was a type, also, of a class of cases, where, all acute symptoms having long subsided, vague and uneasy pain remained in all the joints—associated only with stiffness or difficulty and pain on movement. The general health meanwhile slowly deteriorated, with much general wasting; and no impression could be made on the system by the usual tonics. Here the use of olive oil was more quickly beneficial; but it often seemed to act as a hæmotogen. In true rheumatoid arthritis, the use of the oil was perhaps more beneficial than most ordinary remedies; but Dr. RAMSKILL could make no assertion as to the favorable action of any single remedy on this disease. The dose of olive-oil should not exceed a teaspoonful at the commencement; it should be gradually increased, until a laxative effect announced the attainment of such a dose as exceeded the absorbent power of the stomach and intestines. Any vehicle containing a few drops of sulphuric ether would then help to assimilate the oil, and prevent diarrhœa. It was

important to obtain perfectly fresh and new oil, to ensure absence of rancidity, and consequent eructations and disorder of the stomach. Dr. Ramskill considered the remedy as a combination of food and physic; but still one unattainable by ordinary food and medicine. It was important to begin its administration when the patient was free from acute attacks or, at least, from fever. The passage of pale urine, or of greenish-yellow urine, that suggesting oxaluria, was an indication for its use, especially if accompanied by hypochondriasis, general *malaise*, and weariness and aching of joints. Dr. Ramskill said he had found great benefit from the use of olive-oil at the Hospital for Paralysis and Epilepsy, especially in cases of lead-poisoning, after the acute symptoms, such as colic, had subsided; always in the malnutrition accompanying paralysis of the extensors of the hands; also, in Cruveilhier's atrophy; and in epilepsy, associated with great cachexia. In all these conditions supposing cod-liver oil disagreeing, and therefore inadmissible.

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### Protoxide of Nitrogen as an Anæsthetic.

A preliminary report of the Committee of the Odontological Society of Great Britain was presented by Mr. W. A. Harrison, Chairman of the Committee, at a crowded meeting of the Odontological Society on Monday evening. By the kind permission of Mr. Harrison, we are enabled to give a digest of the Report; but this we must, however, curtail more than we would otherwise have done, owing to pressure on space.

The Committee, after paying a just tribute to the great service done by Dr. Evans in introducing the gas successfully as an anæsthetic into this country, proceed, in the first place, to consider in detail how far nitrous oxide gas is an efficient anæsthetic. To ascertain this, experiment upon various lower animals were instituted. From these, they arrived at the conclusion that it was free from atmospheric air, a powerful anæsthetic, more rapid in its action, although more evanescent than chloroform and other anæsthetics; and that although, if pushed, it produced death, still the animals were often speedily brought round, when apparently dead, by the admission of air.

They next proceeded to arrive, if possible, at the conclusion whether, as an anæsthetic in man, it was as safe as, or safer than, those in general use. To this they give a guarded answer for the present; stating, however, that it is at least as safe, for short operations, as any other anæsthetic.

They next enumerate the conclusions arrived at, founded on 1380 cases watched and carefully reported on by the various members of the Committee, and on 1051 reported to them on trustworthy authority, as to the advantages and disadvantages of the gas. The advantages are, shortly, these: the rapidity of its effects in producing anæsthesia, the shortest time being twenty-five seconds; rapidity in recovery; its agreeable nature; its being tasteless and less irritating; almost entire freedom from nausea and vomiting, occurring in less than one per cent.; absence of headache and vertigo, as a general rule, after complete recovery from the anæsthesia. The disadvantages are noted as consisting in its unsuitableness for long operations, on account of the rapidity of recovery; in the difficulty of making and transporting the gas, and also the expense of the agent; in its being troublesome to make, and requiring unusually complicated apparatus in its administration; in the undesirability of quick recovery in operations followed by much pain; in the administration being occasionally accompanied by twitchings which render it unsuitable for delicate operations.

The Committee next foot up the physiology of its action, with the view to obviate, if possible, any serious results which might follow in its administration. They confess they are as yet unable to explain the *rationale* of its action; but recommend, from experience with lower animals, that, when dangerous symptoms appear, the exhibition be at once suspended, and, should respiration not take place, artificial respiration be resorted to.

The Committee recommend, as the best, most convenient, and cheapest method of procuring the gas in a pure state, the plan of Messrs. John Bell & Co. In its administration, they observe that, whatever instrument is employed, it ought to be as air-tight as possible; but they offer nothing fresh, of importance, in this respect, or in the mode of administration. There are, however, a quantity of useful practical details given of considerable interest.

As regards the question, whether there are any special conditions of the system contraindicating its use, they can only say that they have administered, it in persons in various stages of pregnancy in suckling women, in persons subject to asthma, epilepsy, and the like, without any deleterious effects. They, however, advise caution, especially in those affected by disease of the heart, vessels, or lungs. They conclude by drawing the attention of the profession to the

success attending the anæsthetic in America by Dr. COLTON, and in France by Dr. EVANS; and observe that they propose to prosecute further experiments on the subject, which they hope to lay before the profession at some future time. An appendix of some interesting cases is attached to the Report.

### Hypertrophy of the Mammæ.

M. MARJOLIN reported to the Academy de Chirurgie (*Gazette Hebdomadaire*, Oct. 1868,) the case of a young girl 16 years of age, who consulted him last June on account of enlarged breasts. He diagnosed simple mammary hypertrophy. The enlargement increased rapidly in spite of systematic compression and the internal use of iodide of potassium. There were no kernels in the axilla, and the general health was good. At length two small ulcerations formed on the right nipple and slowly discharged. The breast measured 53 centimetres in circumference at its largest part and became pediculated. Oct. 6th it was removed, and weighed 1 kilo. 510 grammes. The left breast slowly diminished.

# Reviews and Book Notices.

## NOTES ON BOOKS.

The French medical press has recently sent forth the following works:

The first is on an interesting topic by Dr. BERGERET—"Des fraudes dans l'accomplisement des fonctions génératrices, dangers et inconvénients pour les individus, la famille et la société." Price 2 francs.

Another, by the celebrated TARDIEU—Étude médico-légale sur l'avortement, suivie d'une note sur l'obligation de déclarer à l'état civil les fœtus mort-nés, et d'observations et recherches pour servir à l'histoire médico-légale des grossesses fausses et simulées," being the third edition of this treatise.

The next is by the alleged atheist, Dr. GRENIER, and is entitled, "Du ramolissement sénile du cerveau, Deuxième thèse du docteur Grenier, précédée d'une dédicace à M. Dupanloup, évêque d'Orleans, avec pièces justificatives concernant sa première thèse, intitulée: Du libre arbitre humain."

Elsewhere we have spoken of the new method described by Dr. BERTIN, "Étude clinique de l'emploi et des effets du bain d'air comprimé dans le traitement des poitrine, notamment dans le catarrh chronique."

**Correlation of the Physical and Vital Forces.** An Inaugural Address introductory to the course on Institutes of Medicine in the Jefferson Medical College. By J. AITKEN MEIGS, M. D., Professor of the Institutes of Medicine and Medical Jurisprudence, etc. *Second edition.* Philadelphia: Office of the MEDICAL AND SURGICAL REPORTER. 1869. *Price, 25 cents.*

The first edition of this remarkable address has been so rapidly exhausted that another has been prepared. The topic is one just now of the very greatest interest to all scientific men, and indeed reaches into other spheres usually thought quite remote from physical science. The problem of life, that chiefest of all problems, and the mystery which surrounds the nature of the imponderable forces, here, if anywhere, find their solutions. No one is more interested in this question than the physician, and nowhere, we may safely say, can he find in the same compass the same amount of information about it.

**Practical Observations on the Ætiology, Pathology, Diagnosis and Treatment of Anal Fissure.** By WILLIAM BODENHAMER, A.M., M.D. Illustrated by numerous cases and drawings. New York: WILLIAM WOOD & Co. 1868. 8vo., cloth, pp. 199.

The author of this monograph is already favorably known by his work on "Congenital Malformations of the Rectum and Anus," published some years since. The class of diseases to which he has given his attention is by no means small, and counts some of the most annoying to which the human frame is subject. What is more, owing to a false delicacy, sometimes on the part of the patient, sometimes on that of the doctor, they are frequently overlooked or misunderstood.

The first chapter treats of the history of anal fissure, and of its very troublesome concomitant spasmodic contraction of the anus; the second examines into the name *fissura ani*, and the physiology of the complaint; its ætiology, in which constipation has a prominent share comes next, and then a classification and description of the various varieties of fissure, their symptoms and signs, diagnosis and prognosis. The fifth chapter gives at considerable length the different methods of treatment, and the sixth and concluding chapter presents a variety of illustrative cases, of no little clinical value. A short bibliography is appended.

The treatise is throughout carefully prepared, and we recommend it as a valuable practical book, worth a place in any working library.

Medical and Surgical Reporter.

PHILADELPHIA, JANUARY 9, 1869.

S. W. BUTLER, M.D., & D. G. BRINTON, M.D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

## THERAPEUTIC USES OF COMPRESSED AND RARIFIED AIR.

There has been an apparatus patented in Cincinnati for the purpose of applying air of different densities, called the Equalizer, and persons are travelling through the western country, boasting—and with reason—of its excellent effects. It is, in fact, little more than a yankee improvement on the "*grandes ventouses*," or large cups of Junod and Tabarié, long used in the French hospitals. It is very important, therefore, that the profession should make themselves acquainted with this therapeutic means, and not leave it in the hands of empirics. We know of a medical man in a city on the Mississippi river who has excited very general attention by his many successful cures.

As far back as 1850, Dr. Pravaz, of Lyons, wrote a pamphlet on the subject (*Essai sur l'emploi médical de l'air comprimé*), and an establishment was founded at Montpellier for the treatment of patients by this method. It took, however, slowly in France, and at present we believe there are but three such pneumatic institutions there. In Germany it has been more widely adopted, and at Vienna, Ruchenhall, Johannisberg, Ems, and other cities, this procedure is tried on a grand scale.*

The apparatus adopted in these houses are chiefly bells. Each can contain two or three persons comfortably, and is connected with an air pump worked by a steam engine. The bells are of strong plates of wrought iron, capable of supporting a pressure of ten to fifteen atmospheres, although half an atmosphere is as much as is employed therapeutically. By reversing the valves, the air can be rarified as much as is desirable. The air used is brought by a tall chimney from the upper regions of the atmosphere on account of its greater purity. A stopcock allows the air to escape gradually and a current of fresh to enter at will, while the pressure remains the same. Such is the arrangement of that at Ems, recently described in a work by the resident physician, Dr. Lange (*Recherches sur les effets physiologiques et therapeutiques de l'air comprimé*, 1867).

The therapeutic employment of this method has chiefly been confined to chronic diseases. In asthma, bronchitis, emphysema, even in pulmonary consumption it has been said to have had most excellent results. In certain maladies of the ear, and certain cases where a deficient capillary circulation is a marked symptom, the treatment has long been known. We are personally aware of several cases of chronic rheumatism, of partial paralysis, and of enfeebled vital powers from exhaustion where the judicious employment of air, either rarified or compressed, has been attended with the most satisfactory results. Even the Equalizer and the cups of Jounod have effected cures which demonstrate conclusively the wide field there is in the application of varying pressure on the external surface of the body.

By these bells we can bring about all the physiological effects which travellers experience in ascending the highest mountains or in descending into the deepest mines. But a word of caution. There are contra-indications in certain diseases and certain constitutions which the physician must carefully note; there are occasional startling effects, and frequent disagreeable sensations which he must understand and combat. Not every empiric should use these powerful means. Violent hemorrhage, giddiness, roaring in the ear, serious cardiac symptoms, permanent deafness, these and other accidents attend those who venture on balloon ascents or who seek the bottom of the ocean in diving bells. We may look for similar casualties in the indiscreet use of the bells and exhausters.

All these but prove, however, their great power on the human system, and their efficacy as therapeutic agents when wisely used. Who will be the first to organize such a pneumatic establishment in this country? Who will lead the way in the introduction of these valuable apparatus? We do not hesitate to predict tha fortune and success will wait on him, if he enters into the project zealously, circumspectly, and intelligently.

* We mention as the German authority, *par excellence*, Vivenot. *Zur Kenntniss der phys. Wirkungen u. der Therapeut. Anwendungen der verdichteten Luft. Erlangen.* 1868; and in French Dr. Bertin.—*Sur l'emploi therapeutique de l'air comprime*, Paris, 1868.

# Notes and Comments.

### Military Medical Matters.

The *Lancet* of Aug. 8th, 1868, says: It was on the score of humanity, and owing to the interest taken by the Queen, that a committee was appointed in 1867, for the reorganization of the medical service in the Prussian army. The warrant of February 20th, 1868, was the consequence. By this a sanitary corps is created, which is to include the medical officers of the army and navy. This corps no longer belongs to the civil department of the army, but its officers are classified with combatant officers.

There is one very important point conceded to medical officers in the Prussian warrant, namely, the disciplinary power over all men of the hospital service, army hospital corps, purveyors, apothecaries, nurses, etc.

Every hospital has at its head a principal medical officer. Combatant officers have nothing to do with the hospitals.

The amount of power and authority accorded to army surgeons is regulated by rank and seniority, diminishing, of course, as we descend from the General Stabs Arzt, who possesses powers equivalent to those of a general in command of a division, to the subordinate ranks of the department. All medical men can be employed by the Director-General. Leave is also granted by the medical superiors.

There yet remains an Army Medical School to be established for the special instruction of medical officers.

### Medical Department of the University of Michigan.

We are glad to learn that the Regents of the University have recently renewed more emphatically than heretofore their assurance that under no circumstances will a chair of Homœopathy be established in the Medical Department of the University. Such a step would be such an act of injustice to the Faculty and students, and blow to the prosperity of the school, that we can hardly suppose it possible that it could be attempted in sober earnest by intelligent, reflecting men.

THE USE OF SPIRITS IN ENGLAND.—It is stated that during the five years ending September, 1867, there were nearly 1,000,000 cases of assaults and drunken and disorderly conduct summarily disposed of before the magistrates in England. The annual average of these cases was 193,640.

# Correspondence.

## FOREIGN.

### Letter from Vienna.

VIENNA, Nov. 16th, 1868.

EDITORS MEDICAL AND SURGICAL REPORTER:

The great advantages of Vienna, so far as I have been able to learn, are surgery and diagnosis. Since I have been here (or about six weeks), I have seen perhaps twenty forceps cases of labor, and had one case myself. Have seen several cases of version, two of rupture of the uterus, one of craniotomy, prolapsus of cord, eclampsia, etc. I have seen no chloroform given, nor phlebotomy employed in eclampsia. Students are allowed to perform forceps operations, but this only to those who have taken a private course in operative midwifery with an assistant. No students are allowed to perform operations in the surgical clinics except candidates for graduation, and those only some such trivial affair as lancing an abscess.

I am now rooming in the hospital building with a Hungarian, who speaks good German and some English. He is a graduate, and has some advantages not allowed to students. And through his influence I expect to receive some special favors. We are called, during the night, to every difficult case of labor, by paying one of the midwives about ten cents.

Four times a week I attend the reception of pregnant women, and have the opportunity of examining all women who are past seven months.

Last Sunday I visited the Foundling Hospital, where I saw perhaps two hundred and fifty infants of two days old or more. All women delivered in the hospital are obliged to go to this Foundling Hospital, and nurse their own child and another one for three months. Or the infants, when healthy, are put out to families, to be brought up until they attain the age of six years, for which these families receive from the State about three dollars per month. When the child is six years old, the mother must either take it back and take care of it, or the town from which she came must do it. Syphilitic children do not nurse, but are fed. Syphilitic mothers, of course, do not come to this hospital, but are transferred to Prof. SIGMUND'S wards for treatment. Any woman not desiring to go to this hospital as nurse, can get that liberty by paying about twenty dollars, and leaving her child behind or taking it at pleasure. I understand that there are scarcely more than a hundred, out of

the ten thousand delivered, who have taken their children away. There is another small lying-in hospital where the more respectable women, who wish to conceal their shame, can be *confined veiled*, and turn their children over to the hospital forever by paying one hundred and fifty dollars, no one knowing who they are, or seeing their faces. About seventy per cent. of all the children delivered in the hospital die before the age of six. If any of the children who are put out to families are taken sick before the age of six, they are returned to the Foundling Hospital for treatment.

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## DOMESTIC.

### Artificial Respiration in Opium Poisoning.

Editors Medical and Surgical Reporter:

After a drunken bout of three or four days duration, a Mr. C., aged 25 years, of good constitution, took, January 4th, 1868, at about 10 o'clock, P. M., ten drachms of officinal tinctura opii, which he procured a few moments before from a drug store, for the purpose of destroying his life.

I saw him about three-quarters of an hour later; found him very drowsy; could be aroused, but would soon fall asleep when not prevented; tried to introduce a stomach tube, but he resisted effectually all such efforts. Succeeded in administering five grains of sulphate of zinc, which produced slight emesis. Strong coffee was administered from time to time, as long as he could swallow. About fifteen minutes past eleven, P. M., he was permitted to be seated on a lounge, when he immediately went to sleep, and ceased to breathe; smart slapping on his breast with the open hand, and dashes of cold water in his face, failed to arouse him; he was now placed on the floor on his back; his tongue was drawn from his mouth, and artificial respiration resorted to, by placing the two open hands over the lower part of the thorax, and forcibly expelling the air; this was done from eighteen to twenty times per minute. About twelve o'clock he began to respire, and by this time a Kidder's battery had arrived, also a solution of atropia. The battery was applied in the usual way. Fluid extract of belladonna was administered with coffee, in full doses, which soon dilated the pupils. The patient was sent into the open air, and slapping with the open hand on the bare breast, and flagellation, was necessary to make him breathe at all. Dr. V. McDavitt was called, rendering efficient aid in carrying out the treatment.

At half past one, A. M., January 5th, he was allowed to sit down, when he instantly ceased to breathe. Artificial respiration was again employed for over half an hour before he again breathed. About this time one-fortieth of a grain of sulphate of atropia was administered hypodermically, and the patient kept in the open air, and flagellation on the chest kept up till about half-past four o'clock, A. M., when his nervous system was exhausted to such a degree that he could no longer stand; he was now taken into a cool room. At five o'clock all means failed to keep up respiration. He was now placed on a mattress on the floor, and artificial respiration resumed, as above, and continued till eleven and a half o'clock, before the least effort was made to fill the lungs with air by the patient. Not till about one o'clock did we withdraw the the artificial aid. His recovery from this time was without any untoward symptoms. There was no sweating in this case.

Query: how much had the atropia to do with this dryness of the skin, and with the continued action of the heart? G. H. Bane, M. D.

*Macomb, Ill., Dec.* 16, 1868.

### Supposed Tetanus.

Editors Med. and Surg. Reporter:

On April 23d, 1867, I was called to see Mrs. F., who had been laboring under an attack of paraplegia some six weeks, having been attended by two respected physicians without receiving any benefit. Both of her physicians gave her little or no encouragement, and gave up the case. I found her with tongue coated yellowish-brown, remitting fever, nervous, and vomiting bile occasionally.

Ordered her a dose of calomel, which operated freely. Gave her, on the 24th, eighteen grains of quinine, in divided portions.

25th. Has taken the quinine, and is not so nervous, and has no fever, but cannot move her lower extremities in the least. I applied a fly blister to her spine, as there was tenderness upon pressure. There had been several blisters applied without producing any vesication. I also directed fifteen drops of the tincture of iodine to be taken three times a day, and two grains of calomel to be taken at night.

28th. Her blister did its duty; calomel kept her bowels loose; has some appetite; can move her toes, and feels much encouraged. Continued the iodine, and ordered two grains of calomel every alternate evening.

May 2d. Can move both feet; has a good appetite; blister drying up. Re-applied blister; continued treatment. Her gums were a little touched with mercury.

8th. Not much improved since last visit. Gave her ten drops of the tincture of strychnia, telling her at the same time what it was. She almost went into spasms when she learned what she had taken. Kept on with the iodine, and put her up sixty pills, containing 60 grs. chenoidine, 2 grs. strychnia, 120 grs. ferri sulphas. One to be given three times a day.

18th. Has taken the pills; can walk the floor with a cane. Continued treatment, occasionally letting her rest a week, until July 1, when she was able to walk and attend to her household duties.

Feb. 15th, 1868. Her husband brought her to me (as I was not able to go out), with her left arm flexed, the hand grasping her left shoulder, and complaining of pain in her wrist, which was occasioned by its position. She also had pain in her head, with tenderness in the spine just between the shoulders.

She had been treated for this last attack with an attempt to blister, without effect, as before. Put her on the same treatment. The blister vesicated after the mercurial purge. In four weeks she entirely recovered. Moved, this fall, in perfect health, to the State of Wisconsin. The most interesting point in this case is that in both attacks the blisters failed to produce vesication at first, and after the mercurial purges they acted freely. The physician who attended her in her second attack, called her disease tetanus. I should have stated that she increased the tincture of iodine to half-drachm doses, and liked to take it, while she could not take a solution of iodide of potassium, without vomiting from it.

E. A. OPPELT, M. D.

*Tuscarawas, Ohio, Oct.* 2, 1868.

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### Dislocation of the Spine.

EDITORS OF THE MEDICAL AND SURG. REPORTER:

On Thursday afternoon, August 5th, 1868, I was hastily summoned to see Mr. L. W. a resident of this city, aged 40 years. The messenger informed me that a team of horses had run over him and broke his back. I found him lying upon the grass near where he met with the accident, which was caused by two horses, attached to a heavy wagon, running against him and striking him in the back. It knocked him down and the wheels of the wagon passed over him. He was supposed to be dead, and was removed to the spot where I found him a short time after the accident occurred. His general appearance was decidedly cadaverous. His eyes were closed. Surface cold and clammy. Countenance swollen and pinched. Pulse small and fluttering. Articulation very feeble. No paralysis of either extremity. Upon further examination I found a tumor over the dorsal region nearly as large as my head. No abrasion of the skin, some discoloration and slight ecchymosis. Upon further examination I soon discovered that three of the upper dorsal vetebræ were dislocated backward, and that, with the puffing of the soft parts, caused the very formidable looking tumor above mentioned. I immediately administered a stimulant with an anodyne, and as he was one half mile from his house procured a lounge and with the assistance of a few kind neighbors carried him home. After which I made some efforts to reduce the dislocated vertebræ, but without success. Continued anodyne and stimulant treatment. During the night reaction was in part established. I then applied cold to the tumor. Symptoms nearly the same for two days, then all became aggravated. Pulse small and intermittent; coldness of the extremities; hurried respiration; anxious countenance; obstinate vomiting; retension of urine; hiccough; subsultus, and all of those untoward symptoms that generally indicate speedy dissolution. This state of things continued for nearly ten days, during which time very little was done, only to wait for our patient to quit breathing. On the eleventh day there was a slight improvement, and though hardly perceptible, or even expected, there seemed to be a gradual change for the better. Continued cold application, as the unfortunate individual had no particular dislike to "ardent spirits," the stimulant part of the treatment was *very thoroughly* persevered in from beginning to end, particularly in my absence, as I learned after the case was convalescent. I forgot to mention that I kept a bandage around the body over the tumor the most of the time, tightening it as the patient could bear. After the fifteenth day the tumor subsided and a gradual reduction of the vertebra took place and continued until now, the prominence is not one-fourth as large as at first. At the end of three months from the time of the accident the patient was able to walk with a cane, and I saw him yesterday on the street, and he informed me he was able to walk several miles in a day; felt very well; appetite good; thought he should soon be as well as ever, but remarked as he left me that "it was the loudest call that ever he had." I did not feel inclined to dispute him.

Now, this to me was a very interesting case, and shows that there can be a dislocation of the vertebra and the patient recover. I have no doubt but that in time the dislocated vertebræ as

in this case will seek nearly their natural position.

H. A. Spencer, M. D.

*Erie, Pa., Dec. 17th, 1868.*

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**Fibrous Tumor of Uterus,—Polypus of Ear.**

Editors Med. and Surg. Reporter:

On the night of October 28th, 1868, 10 o'clock, I was summoned in attendance on Mrs. ——, æt. about 35 years, primapara. Upon arrival, found her progressing favorably, with no indications of deviation from ordinary routine of labor, the membranes having ruptured with vertex presentation about one hour preceding my arrival. About one o'clock A. M., the second stage was completed, with the birth of a fine, well-formed male child, weighing about 10 pounds. As is usual with me in such cases, I immediately made external examination with my hand to ascertain condition of uterus, when I discovered an irregularity in the shape of the organ, somewhat simulating a chatonnement. I then made gentle traction with the funis, at the same time making grasping pressure with my other hand, upon the organ until I found it making constant expulsive efforts, the funis receding with a sudden jerk when traction was suspended. There being no hemorrhage of consequence, I waited about one hour longer by my patient's bedside, when I found that the uterus was relaxing and apparently becoming enfeebled in its efforts to expel the placental mass. I then concluded that adhesion was the cause of the placental retention, and at once administering a full dose of ergot to stimulate uterine contractions, I passed my left hand in the usual manner into the vagina, and finally into uterine cavity with out difficulty, when I discovered extensive placental adhesions to anterior and superior walls of fundus. I at once commenced detaching placenta as gently as possible, which I accomplished without difficulty, until I reached the most superior part of fundus, when I discovered the cause of irregular shape of the organ in the form of a hard globular mass, about the size of a large orange, $\frac{1}{3}$ of its superficies being pretty firmly adherent to uterine walls. After a few seconds' deliberation, I concluded that I could not allow the tumor to remain intra uterine with any prospect of safety to my patient, and as the hemorrhage was now becoming profuse, I immediately grasped with my right hand the portion of uterus containing the tumor and began the task of loosening with my left hand its attachments, which I accomplished with some difficulty in a few seconds longer, and at once withdrew the whole mass into the vagina. I then immediately reintroduced my hand into the uterus for the double purpose of removing any debris which might possibly have been left, and also to stimulate uterine contraction. Finding everything satisfactory I gently and slowly withdrew my hand and the mass with it from the vagina, maintaining pressure for some moments longer on the uterus, or until I deemed further danger from hemorrhage passed, the organ having assumed its natural shape and size.

I then made my patient comfortable as possible under the circumstances, she having become considerably prostrated from pain, loss of blood and nervous excitement. Enjoined perfect quietude of position, immunity from excitement, and low diet (no anodyne being indicated), remained with her about an hour longer, when, showing symptoms of sleep, I left her, promising to visit her in a few hours again.

Oct. 29th, 9 A. M. After an interval of six hours visited her again when I found she had enjoyed about three hours refreshing sleep, and all her symptoms favorable. Saw her again at evening, same day, under same favorable auspices. Enjoining and enforcing the same rigid observance of quiet, low regimen, etc., until the fifth day (having administered a mild but thorough evacuent on morning of the second day) this patient advanced to full convalescence without a single untoward symptom.

The tumor is of a dense fibrous homogeneous, non-vascular structure, weighing about ten ounces avoirdupois, and had beyond doubt existed for some time prior to conception, as my patient informed me that for several years previous to marriage she always (to use her own language,) had "terrible times" at her menstsual period, and had often imagined that "something was wrong."

This case is of interest as constituting an exception to the general rule of intra uterine tumors forming an insuperable barrier to conception, or proving an unavoidable cause of abortion. I would further remark in conclusion, that this patient from the time of conception until she reached her full period, enjoyed uninterrupted good health, the only symptom of which she complained was a slight tenderness at times near the medium line a little to the right of the umbilicus, but not giving her sufficient annoyance to induce her to consult a medical advisor.

**Case of Polypus of Ear permanently removed by Injecting with Persulphate of Iron.**

December 28th, 1867, was called to operate on a little boy, æt. about 5 years, for gelatinoid

polypus of ear, which had recurred very soon after its removal about one year previous. The little fellow had been suffering from otorrhœa of both ears for about three years, the sequelae of rubeola, and is of strumous diathosis.

As there was no adult male member of the family present, and the boy too resisting for me to operate in the usual manner without substantial assistance, the idea occurred to me to try the effect of injecting the tumor, which was quite large and projecting considerably into the concha and attached by a broad pedicle to posterior wall of meatus, with an astringent. I accordingly prepared a solution of ferri persulphate, grs. xx. to fluid ounce, and with a hypodermic syringe injected ten minims of the solution into the tumor. About four days after that the father brought the boy to my office, saying that the tumor was entirely gone, and was apprehensive that the means used might do harm, unless something was used to counteract its effect. I examined the ear with a speculum, but could not discover a trace of the tumor, and there has been no recurrence since. I would say that since that time I have made use of the same remedy applied as a wash in a case of nasal polypi (the patient also a boy about seven years), and with same satisfactory result.

P. M. SENDERLING, M. D.

*Berwick, Columbia Co., Pa.*

# News and Miscellany.

### Hair Dyes.

Mr. ERASMUS WILSON discusses the whole questions in a series of observations in the *Journal of Cutaneous Medicine*. He observes that the hair owes its property of dyeing to its porosity; which is evidently greater than its physiological structure would lead us to infer. Another of its properties—namely, the presence of sulphur in its constitution—renders it prone to darken under the use of certain mineral substances, for example, lead and mercury, whose compounds with sulphur are black. Thus, if a weak solution of lead or mercury be brushed into the hair, a certain quantity of the solution will penetrate the hair, and a dark color will be produced, in consequence of the formation of a sulphuret of lead or sulphuret of mercury. The depth of the shade or color will depend upon the quantity of sulphur present in the hair; and as red hair and light-colored hair contains more sulphur than dark hair, the result will in that case be comparatively greater. But where the amount of sulphur is too minute to produce the dye, science suggests the means of introducing more sulphur, as is illustrated, by a reversal of the proces, in the following quotation from a paper by Dr. MCCALL ANDERSON on *Eczema Marginatum*.

"During the treatment I accidentally discovered what promises to be the most perfect black dye for the hair which has been seen. After having used the bichloride lotion for some weeks, I changed it for the lotion of hyposulphite of soda; and the morning after the first application the hair of the part, which before was bright red, had become nearly black. One or two more applications rendered it jet black, while neither the skin nor the clothing were stained. I saw this patient a couple of weeks later, and there was not the least deterioration of color; although, of course, as the hair grows the new portions will possess the normal tint. The reason of the escape of the epidermis, while the hair was so thoroughly dyed, is that it contains no sulphur.

"Mr. BALMANNO SPUIRE, in a commentary on the above process, observes that if instead of the hyposulphite of soda one of the more common mordants be employed—say, for example, the sulphide of ammonium—'instead of a black, a bright red color will result. The operation of Dr. ANDERSON's dye is this: The hyposulphurous acid, on being liberated from the soda, decomposes into sulphurous acid and sulphur. The sulphurous acid reduces the bichloride of mercury to the chloride, and the sulphur converts the chloride into (black) sulphide. The effect of sulphide of ammonium on bichloride of mercury is to produce the (red) bisulphide, which is the common vermillion of commerce.'

"The chief constituents of hair dyes are metallic bodies and walnut-juice. The metals chiefly in use as 'capillary chromatics' are silver, lead and arsenic; while others applicable to a similar purpose are gold, bismuth, iron, copper, cadmium, titanium, uranium and molybdenum. Lead, in its crudest form, is represented by the leaden comb; but as the process by this means is slow, a compound of oxide of lead or litharge, with lime, and made into a paste with water, is more commonly employed. This is smeared on the hair at night, the evolved gases being imprisoned by an oil-skin cap, and in the morning the dried paste is brushed out, and the hair refreshed with pomatum. Or, if a so-called brown, a 'smothered' or 'fusty black' is required, the paste should be mixed with milk instead of water. The night is preferable for these remedies, because the hair is supposed to exhale more sulphur at this period than during the day.

"Brown is produced by the chloride of gold as also by a solution of sulphate of copper with a mordant of the prussiate of potash (ferro-cyanide of potassium); and titanium, uranium and molybdenum, judged by their chemical behavior, would give rise to similar results. The 'golden yellow color,' so much in fashion of late (says the *British Medical Journal*) is produced by a solution of arsenic with a mordant of the hydrosulphate of ammonia. And cadmium would probably give

rise to a similar result. In the case of dyeing the lighter tints, however, it becomes necessary to submit the hair to a process of bleaching, which is commonly effected by a solution of one or other of the alkalies, by chlorine, by the chloride of soda, or lime, or by sulphurous acid, bisulphate of magnesia or lime, or peroxide of hydrogen. In general the dyes requiring mordants do not stain the epidermis."

### The Clerical Surgeon.

The court of cassation of Belgium has condemned to imprisonment for a month the priest who performed the Cesarean section mentioned in the Reporter a few weeks back. The midwife who assisted was imprisoned for eight days. The defence was, that the priest was acting under instructions from the archbishop. The catholic clergy in Belgium, says the *Gazette Hebdomadaire*, claim the right to perform this operation, in the interest of the infant's soul, in order to baptize it, when they deem it neccessary. This question is about to be submitted to the court of cassation to decide upon it from a juridical point of view.

### Dental use of Vulcanized Rubber.

*Decision in the Goodyear Patent Case.*—The United States Circuit Court at Cincinnati (Judge Leavitt), has given an elaborate decision in this case, concluding as follows:

I can have no hesitation, therefore, in holding that the use for dental purposes, of hard rubber plates made under the Simpson patent, is an infringement of the Nelson Goodyear patent; and in no aspect of the case is the defendant relieved from liability as an infringer, by asserting the use of the product under the Simpson patent. While it is probably true that Simpson has made a valuable discovery in introducing into his compound an ingredient which by its vaporizing properties prevents the unpleasant taste and odor of the vulcanized rubber, when used as plates for artificial teeth, and for this invention may have been well entitled to a patent, he or his licenses are not protected in the use of the process and the product as claimed by and patented to Nelson Goodyear.

### Another Charlatan.

It is not worth our space to brand every imposter who with a pretence to medical science fleeces the public. A fellow who lives at Dalton, Georgia, is travelling over that region of country scattering copies of a journal he calls the "Medical Reporter." He is one of a legion. Let the physicians of those parts see to it that a law is framed forbidding such strollers to practice without diplomas from regular colleges.

### Vaccination.

The Board of Controllers of the Public Schools of Philadelphia, at their meeting on December 8th, adopted a resolution that hereafter no child shall be admitted to or continued in the Public Schools of Philadelphia unless it has been vaccinated. The propriety of such a regulation may be judged by the forcible remarks of Sir James Y. Simpson, the celebrated physician of Edinburg, who says that "a rattlesnake or a tiger escaping from a travelling menagerie into a school full of children would, in all probability, not wound or kill nearly so many children as would a boy or girl coming among them affected with or still imperfectly recovered from scarlet fever, measles, or small-pox. Most probably these noxious animals are always, as far as possible, prohibited from making such visitations, and the infected boy or girl should be prohibited also during the time that they are running through the courses and convalescence of such contagious diseases, or while they exhale from their bodies a virus of dangerous and deadly potency." The School Controllers should, therefore, adopt a further regulation in reference to the readmission of pupils who have not perfectly recovered from the diseases mentioned.

### The Philosophy of Tea-Making.

The results of the investigations of careful experimenters are hardly, perhaps, sufficiently known to the multitude of tea-drinkers. The whole subject is carefully summarised by Dr. Letheby in his recent Cantor Lectures, which are now being reported in the *Chemical News*. There is a popular notion, which is an incorrect one, that soft water is best for tea-making. As a matter of fact, our London water, which has about five degrees of hardness when boiled, makes the best flavored tea, provided that it be allowed to stand upon the tea sufficiently long. Boiling tea is one of the follies of which the officials in workhouses and other large establishments are guilty. This makes a deep-colored solution, containing the worthless bitter extractive matter, which is devoid of physiological or dietetic property. In point of strength, it is found experimentally that infusions of tea and coffee are strong enough when about two and a half teaspoonfuls of tea, or two ounces of freshly roasted coffee, are infused in a pint of boiling water. From some inquiries which Dr. Edward Smith made into the relative average weights of a spoonful of different kinds of tea, it is to be inferred that the quantity of black tea used, as compared with that of green, is as three to two.—*British Medical Journal.*

### Hospitals for the Insane.

The trustees of the Insane Asylum at Augusta, Me., will ask the legislature to enlarge their buildings and buy them a farm, and have elected as officers for the ensuing year, Dr. WILLIAM B. LAPHAM, of Woodstock, President, and Dr. JOHN T. GILMAN, of Portland, Secretary.

The New Jersey Insane Asylum of Trenton has five hundred and nineteen inmates. One-sixth are paying patients, and five-sixths are supported by taxation. This tax is one dollar per week out of the State taxes, and three dollars per week out of the county taxes. The clothing furnished to the indigent is an extra charge on the county.

### Adulterated Honey.

According to a short notice in the *Chemical and Druggist*, there are at present in Germany itinerant dealers in so-called Swiss land honey. This substance finds a large number of purchasers on account of its fine taste and beautiful appearance, while, instead of being real honey, it is simply starch converted into sugar by means of sulphuric acid. It may be detected by means of the presence of sulphuric acid therein—viz., in the shape of sulphate of lime or gypsum; its use, of course, is perfectly harmless, but it is not honey, nor does it contain any at all. As this trick is quite likely to be imported into this country, dealers had better be on their guard.

### Vulcanising Animal Substances.

At a recent meeting of the Medical Society of London, Dr. RICHARDSON made a communication on the process of Vulcanising as applied to Animal Structures. It had long been a plan adopted by dentists to produce vulcanite bases by the subjection of caoutchouc to superheated steam. It occurred to him whether animal tissues, under the same conditions, undergo the same change—whether they would vulcanise. To test this, he had subjected various animal substances to the process, carrying the heat to 350° Fahr. It was found that blood could vulcanize; and a specimen, reduced to a condition closely resembling caoutchouc, was placed before the meeting. A portion of animal fibrine was reduced to a condition closely resembling thin serous membrane. An egg placed in plaster of Paris, was exposed to intense heat; in this state, the albumen, instead of being made solid by coagulation, had been changed into a thin fluid resembling dissolved gelatine.

### "Pure Liquors only Sold Here."

The Board of Excise in New York have just completed a chemical analysis of the several kinds of liquors sold at various saloons in that city as "Bourbon" whisky, and the result is published for the benefit of whom it may concern, that of thirty-eight specimens subjected to test, only two were found pure.

The ingredients of which most of this "fine old whisky" is composed are as follows: Fusel oil, rancid lamp oil, green tea, prussic acid, winter green, and strychnia. The commodities sold as brandy and gin were found to be made up of compounds equally vile.

Some of the newspapers have been making these exposures of late, but as these were set down as sensational, they did not attract much attention. But the exposures of the Board of Excise are official, and will probably open the eyes of the public to the poisons that are pawned off on them.

### Micro-Photography.

M. NOBERT, of Paris, has succeeded in drawing lines on microscopic test-plates so close together that they have not yet been resolved by the most powerful microscope. Upon his test-plate NOBERT puts 19 bands, of which the first have parallel lines drawn 1-1,000 of a Paris line apart, the next 1-1,500, the next 1-2,000, and so on till in the last they are 1-10,000 of a line apart; or, in English measure, the lines in the first band are 1-11,240 of an inch apart, and in the 19th are distant only 1-112,668 of an inch from each other. Neither NOBERT himself nor the best microscopists have succeeded in resolving any beyond the 15th band, in which the lines are 1-84,400 of an inch apart. The enlarged image of the microscope has been successfully photographed by Dr. E. CURTIS, of the U. S. Medical Department of Washington, and the lines counted. Photographs were made of the image of the higher bands; but only false or spectral lines were delineated. These spurious lines are due to oblique light and the strain of the glass. The ingenuity of NOBERT in ruling such fine lines, and the skill of Dr. CURTIS in photographing them, are each remarkable and unparalleled.

—— Prof. GUSTAVE BRAUN, of Vienna, has been elected a member of the Imperial Academy of Medicine of Rio Janeiro.

—— Senator Surgeon NÉLATON is said to have an annual income of 600,000 francs.

—— Dr. Nosthnagel, of Berlin, has made a series of careful experiments on living animals, in order to discover what is the seat of epileptic spasms. He found that, while other parts of the brain of dogs or rabbits could be removed without producing convulsions, if the smallest portion of the *pons varolii* were cut, the most violent epileptic convulsions appeared at the very instant of the incision, and persisted until death. The *medulla oblongata* near it could be cut through and through, with no such effect.

—— The following, cut from the "Answers to Correspondents" of the *New York Tribune*, will cover some of the shortcomings on some other subjects of that excellent paper:

"*E. S. J.*—We know nothing of the physician whose circular you send us; but it is safe to assume that any man who professes to be a regular doctor and sells secret medicines, beauty-washes, brooms, whisker-soap, patent coal-scuttles, and perfumery, is an unmitigated humbug."

—— Two remarkable cases are reported to us as occurring in New Orleans. In one of them a German fell from a platform, injuring his skull. He survives, but with such a confusion of the faculty of speech that he now knows neither German nor English. Students of Paul Broca's views should take note of him. Another is where a physician received a fee of a thousand dollars for—says the newspaper—cutting out a piece of tuberculous lung!! He deserved it.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

## MARRIED.

Carroll—Cockrill.—At Charles Street Church, Baltimore, Dec. 1st, by the Rev. Dr. Slicer, Albert H. Carroll, of Mount Vernon, Baltimore co., Md., and Miss Mollie P. Cockrill, daughter of Dr. J. J. Cockrill, of Baltimore city.

Cronmiller—Heath.—Nov. 25th, at the residence of the bride's father, by the Rev. Dr. Young, Dr. John Cronmiller and Laura, daughter of S. P. Heath, Esq., all of Laurel, Prince George's co., Md.

Fuller—Stewart.—At Londonville, Ohio, Dec. 31st, in the M. E. Church, by Rev. Wm. Hughes, Dr. A. B. Fuller and Miss Mary E. Stewart.

Hussey—Jackson.—Dec. 17th, at the house of B. F. Jackson, Esq., near Reading, Ohio, by Rev. J. H. Gill, Lutellus Hussey, M. D., and Miss Lizzie Jackson.

Lenox—Briggs.—Dec. 24th, at North Adams, Mass., by Rev. D. Henry Miller, D. D., assisted by Rev. Miles Sanford, Captain William H. Lenox and Miss Callie V., daughter of Dr. Seth M. Briggs, of North Adams.

Owens—Councilman.—Dec. 25th, at the residence of the bride's father, Dr. Joseph R. Owens, of West River, Md., and Gertrude E., daughter of Dr. J. T. Councilman, of Baltimore co., Md.

Rand—Washington.—In this city, Dec 23 by the Right Rev. Wm. Bacon Stevens, D. D., B. Howard Rand, M. D., and Mary Mildred, daughter of the late Reade Washington.

Raue—Iungerich.—In this city, Dec. 30, 1868, by the Rev. Thomas P. Rodman, Dr. Charles G. Raue and Hermine M., daughter of John Iungerich, of Brackwede, Prussia.

Sedgwick—Chadsey.—Dec. 23d, 1868, in the McDougal Street Baptist Church, New York city, by the Rev. Wm. Reid, O. Leroy Sedgwick, of Brooklyn, and Mary A. Chadsey, third daughter of Dr. A. J. Chadsey, of New York.

Shipley—Harper.—Dec. 3, at the Central M. E. Church South, Baltimore, Md., by Rev. Wm. H. D. Harper, Dr. H. D. Shipley, of Carroll co., Md., and Helen J. D. Harper, of Talbot co, Md.

Thomas—Archer.—Dec. 1st, at the residence of Mrs. Constable, sister of the bride, in Cecil co., Md., by the Rev. Mr. Squire, Oliver H. Thomas, of Belair, and Miss Nannie H. Archer, daughter of the late Dr. John Archer, of Rock Run, Harford co., Md.

Waters—Grafflin.—At Dayton, Ohio, at the residence of the bride's father, on the 28th of November, by Rev. Charles Ferguson, Dr. T. Sollers Waters, of Baltimore, and Miss Amanda P., eldest daughter of Stephen D. Grafflin, of Dayton, Ohio.

## DIED.

Ayers.—Oct. 9th, at Navissa Island, W. I., Dr. Robert H. Ayres, of Baltimore, aged 59 years.

Bacon.—At his residence in St. Mary's co., Md., 23d of November, 1868, James E. Bacon, M. D., formerly of Baltimore, aged 40 years.

Badger.—At Hastings upon Hudson, N. Y., Dec. 26th, Julia Crosby, twin daughter of Dr. Wm. and Mary E. C. Badger, aged 5 months and 19 days.

Fifield.—In this city, Dec. 27th, Joseph Fifield, M. D. aged 74 years.

Green.—In New Orleans, suddenly, on the 25th of December, 1868, Jonas Green, M. D., in the 71st year of his age, late of Philadelphia and Washington, D. C.

McCracken.—Dec, 25th, 1868, at Vicksburg, Miss., Dr. W. A. McCracken. During the war he was surgeon of the 98th O. V. I., and afterward a Brigade-Surgeon. Since the war he has lived in Springfield, Ohio.

Plumer.—In Knoxville, Jefferson co., Ohio, Aug. 17th, 1868, of cerebro-spinal meningitis, Jacob Smickard, eldest son of Dr. T. R. and Mrs. T. L. Plumer, aged 7 years, 3 months, and 17 days.

Reese.—In Baltimore, Dec. 31st, Gideon D. Reese, son of the late Dr. John S. Reese, aged 35 years

Thweatt.—Dec. 13th, at Petersburg, Va., Dr. J. J. Thweatt.

Waage.—At Pennsburg, Montgomery co., Pa., Jan. 3d, 1869, Emma V., youngest daughter of Dr. Charles P. Waage, aged 12 years, 10 months, and 26 days.

## OBITUARY.

Professor August Edward Ferdinand Colberg died at Halle, on the 3d of July, 1868.

Prof. Non Breit, of Tübingen, died recently.

## ANSWERS TO CORRESPONDENTS.

*Dr. N. J. A., of Mich.*—No translation of the French work on prostitution you refer to has yet appeared.

*Subscriber.*—Herodotus' History is usually deemed by scholars better than Xenophon's, though neither can properly be called Histories of Greece. There are editions and translations at all prices.

## METEOROLOGY.

| December, | 21, | 22, | 23, | 24, | 25, | 26, | 27, |
|---|---|---|---|---|---|---|---|
| Wind..... | N. E. | W. | N. W. | N. W. | W. | N. W. | N. E. |
| Weather.... | Cl'dy. | Cl'dy | Clear. | Clear. | Clear | Clear. | Cl'dy. Snow. |
| Depth Rain.. | | | | | | | |
| *Thermometer.* | | | | | | | |
| Minimum..... | 25° | 26° | 19° | 8° | 3° | 10° | 16° |
| At 8, A. M..... | 39 | 35 | 20 | 18 | 12 | 24 | 26 |
| At 12, M..... | 45 | 37 | 24 | 20 | 24 | 29 | 31 |
| At 3, P. M..... | 45 | 38 | 25 | 19 | 23 | 30 | 30 |
| Mean..... | 38 50 | 34. | 22. | 16.25 | 15.50 | 23.25 | 25.75 |
| *Barometer.* | | | | | | | |
| At 12, M..... | 29.7 | 30. | 30. | 29.8 | 29.9 | 30 3 | 30.1 |

*Germantown, Pa.* B. J. Leedom.

APR 3 1869

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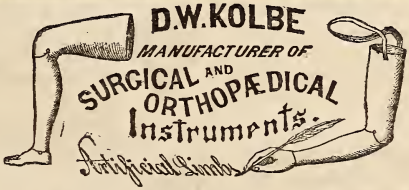


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# MEDICAL AND SURGICAL REPORTER.

No. 620.] PHILADELPHIA, JAN. 16, 1869. [Vol. XX.—No. 3.

## Original Department.

## Communications.

### CLIMATE AND LOCALITY: THEIR INFLUENCE IN MITIGATING PULMONARY TUBERCULOSIS.

By A. P. Dutcher, M. D.,

Late Professor of the Principles and Practice of Medicine in the Charity Hospital Medical College, Cleveland, Ohio.

From the remotest antiquity physicians have recommended change of climate and location for their physical patients. From the days of Hippocrates down to the present time, volumes have been written on that subject, and great diversity of opinion exists in relation to the place where the patient should be sent, and the time when he should go.

#### I. Italy, Minnesota, Lake Superior, and Texas, as Residences for Phthisical Patients.

In this country it has been the custom, for years, with most of our physicians, when a man has injured his health by too high living and sedentary life, to order him forthwith to Europe; particularly if he possess wealth or has a D. D. to the end of his name. And if he has threatening symptoms of phthisis pulmonalis, he is ordered to the South of Europe. This is regarded as the happy clime which once reached by a phthsical invalid, is sure to make his disease disappear and restore him to perfect health. But if we compare the number who visit them actually diseased and who deposit their remains there, with those who return with improved health, we will find small encouragement to recommend our patients to leave their own country.

We have in the United States, all the various climates that are to be found in the world; and if there be one spot on this globe more beneficial to a phthisical patient than another, it is here. Two sections of our country have recently become quite celebrated as a residence for individuals suffering from this disease; Minnesota and the Southern shore of Lake Superior. For ten summers we have seen large numbers of patients, from all our eastern cities, thronging our steamboats and railway cars, bound for St. Paul or Marquett in pursuit of health. And in many instances they return in the fall very much improved, and perhaps a few have regained their original health and vigor.

But while we are willing to admit the excellency of these places as a temporary residence for phthisical patients, we are well satisfied that there is another portion of our country, which in point of salubrity and adaptation of climate for the class of individuals just named, far surpasses these, if not any other on the face of the globe. I refer to the South-western part of the State of Texas. And if the reports of those who have gone there in pursuit of health and those who reside there speak truth, this region will yet be the paradise of the world; at least so far as its geography and climate are concerned.

No section of our vast country can rank with that portion of the State of Texas we have named, either in mildness of climate or equability of atmosphere. It has a mean winter temperature of about 53°, 9. But its chief characteristic is its exemption from swamps and stagnant pools. The land commonly ascends from the water courses, and rising to moderate eminences precludes the formation of swamp or putrid pools to any extent. This is probably one efficient cause of the singular purity and equality of the atmosphere, which is so frequently noticed in the reports of our army surgeons, who have been stationed in that section of the country. While the summer air of Louisiana is combined with moisture surchanged with noxious miasm, the pure air of South-western Texas is refreshed and renovated by lively breezes from Old Ocean, rolling over a dry, verdant, varying surface, imparting elasticity, health and vigor to all who inhale it.

Now here is a country where perpetual summer smiles, where flowers are constantly blooming, and the fields arrayed in their richest green. Here, too, is an equable atmosphere, sufficiently warm and dry in the winter months, and not

loaded with moisture and poisonous effluvia in summer. Are not all the climactic wants of the phthisical patient here fully met? Indeed, there is nothing on this continent or Europe that can compare with it, even fair famed Italy must yield the palm to the "Lone Star."

"The very circumstances," says Dr. James Johnson, "which forms the charm, the attraction, the theme of praise, in the Italian climate, is that which renders it dangerous, because deceitful—the long interval of fine weather between vicisitudes of great magnitude. This is the bane of Italy, whose brilliant sky and balmy zephyrs flatter only to betray. They first enervate the constitution, and when the body is ripe for the tramontane, the ruthless blast descends from the mountains on the helpless victim, more fierce and destructive than the outlawed bandit on the unsuspecting traveller."

After remarking upon the humidity of the atmosphere, he adds: "Northern strangers, and more especially invalids, unaccustomed to a genial atmosphere in the depth of winter, sally forth to enjoy the glorious sunshine or the resplendent moonlight of Italy, and like the Grecian shepherd,

"'exulting in the sight,
Eye the blue vault, and bless the cheerful light.'

But they have too often reason to curse in the sequel, the seductive climate of the classic, which mingles the poisonous miasma with the refreshing breezes, and thus conveys the germ of future maladies on the wings of fragrant zephyrs."*

II. Florence, Naples, and Nice, a Residence for Phthisical Invalids.

For years European physicians have been in the habit of sending their phthisical patients to Florence, Naples, and Nice; the latter place in particular is the chosen spot—the consumptive's paradise. The mean temperature of this place in winter is 48°. But it is subject to cold easterly winds, and during their prevalence the air is damp and foggy. The transitions of temperature are also very sudden, producing as all our best writers admit, the most injurious effects upon all invalids who are in a critical condition.

Years ago that great and good physician, Sir James Clarke, condemned this place as a residence for phthisical invalids. Here is his emphatic utterance, "When this disease is complicated with any inflammatory, or highly irritable state of the mucous membrane of the larynx, trachea, bronchia, or of the stomach, Nice is decidedly an unfavorable climate; and without extreme care on the part of such patients, and a very strict regimen, the complaint will in all probability be aggravated by a residence here. Indeed, the cases of consumption which ought to be sent to Nice are of rare occurrence."*

All who have examined this subject with that care which its importance demands, must have discovered that the best climate for a phthisical patient is one which is dry, equable, and of rather low temperature. Indeed, a low temperature is much to be preferred to a uniformly high temperature, because it generally exerts a tonic and stimulating effect upon the system, while a high one produces general debility and exhaustion. It is no doubt owing to this low temperature of the atmosphere, that even in summer, the climate of St. Paul and Marquette has proved so beneficial to individuals suffering with pulmonary tuberculosis. It appears to tone up the nervous forces, sharpen the appetite, promote digestion, and prompts to exercise, all of which are very desirable, indeed, absolutely needed in mitigating this wasting malady.

For a summer residence for phthisical patients, the places just named are as good as any that can be found. But when winter comes they are too cold; and I have yet to see the first consumptive who has remained in either place all winter, who has not been positively injured. Not so, however, with Georgetown, or Clarksville, Texas. Clarksville in particular is my favorite location for phthisical patients the year round. Its site is healthy, and it has a dry and equable climate. Pulmonary disorders are exceedingly rare. Dr. B. Norris of the United States army, who spent some time in its vicinity, regards the climate of this place as very beneficial to persons suffering with phthisis, and was not acquainted with a single case of the disorder that had originated there †

Previous to our great war, I sent several patients affected with pulmonary tuberculosis to Texas, all of whom were more or less benefited, and in one instance a permanent cure was affected. This was the case of a merchant who had been under my care for nearly a year. I had quite exhausted my stock of therapeutics upon him, and began to look for breakers. At this time he had a vomica of considerable magnitude in the left lung, with physical signs of crude tubercular deposits in the right. He had lost flesh and strength, but was still able to attend to his business. One day when conversing with

* Change of Air, or the Philosophy of Travelling, &c., p. 68.

* Clark on the Influence of Climate in the Prevention and Cure of Chronic Diseases, page 122.

† See Statistical Report of the Sickness and Mortality in the Army of the United States for 1856—page 190.

him, I carelessly remarked, that I thought the best way for him to get relief for his malady would be to go to Texas. Imagine my surprise a few days afterwards, when a friend told me that he had made up his mind to go. This was about the middle of October—he went, spent a pleasant winter, and came home about the first of June, very much improved in general health, with a marked mitigation of the local disorder in the lungs. He was so much pleased with the country that he concluded to make it his permanent home. He returned early in the fall, bought a farm near Clarksville, kept a large number of sheep, and engaged in all the active duties of a farmer's life. His health was permanently restored. I shall ever believe that his life was saved by going to Texas.

In thus commending Texas as a residence for phthisical invalids, I do not wish any practitioner to send his patients there simply upon my authority. Others have eulogized the country and its climate, as a place of residence for individuals suffering with this disorder, far beyond anything that I have said. Allow me to quote the opinion of one who has given more attention to the study of climate, and its influence in retarding phthisis, than any other American writer with whom I am acquainted, one who had tried the influence of various climates, without any very material benefit. I refer to the distinguished and lamented Dr. L. M. Lawson.

In his "Practical Treatise on Phthisis Pulmonalis," page 530, we find the following: "It is a conceded fact, however, that the climate of Texas is favorable to consumptives, not only during the winter, but also in the summer. Indeed, it is probable that a residence the year round would be preferable to a temporary sojourn during the winter. But if this course be adopted, it is necessary that the summer be spent in the more northern portions where the temperature is seldom oppressive. Indeed, throughout the entire country, the Gulf breeze renders the summer nights cool and invigorating. Examples are by no means rare of persons predisposed to the disease, or with it actually developed, entirely recovered by a protracted sojourn in Texas."

### III. Cold, not a Primary Cause of Tuberculosis.

But some may ask, why do you prefer a low temperature to a high one for your tubercular patient? Because I do not consider cold a primary cause of the disease. It is true, most all of the old writers in the practice of medicine regarded cold as one of its great causes. If pulmonary tuberculosis was the offspring of pneumonitis, then cold might be regarded its primary cause; for this disorder is more frequently produced by cold than any other cause. Tubercle is not the product of inflammation; it is a degenerated material eliminated from the blood, having physical and microscopical elements specifically its own. We are willing, however, to admit, that when tubercles have been exuded into the pulmonary tissues, they may be developed more speedily by undue exposure to cold, and the inflammation which often supervenes. Indeed it is still an open question, whether persons who have suffered from pneumonitis, are more subject to pulmonary tuberculosis than others. From my own observation I would say that they were not.

That cold is not a primary cause of tuberculosis may also be inferred from the fact, that it is not so common in cold countries as warm. Thus at Stockholm, the capital of Sweden, sixty persons out of a thousand die with phthisis. At St. Petersburg, sixty-six in the same number. These cities are in a northern clime where the winters are extremely cold. At London and Paris about two hundred and thirty-six die in a thousand. The climate of these two cities is temperate. In the city of New York and Philadelphia the mortality from the disease is a fraction less than two-hundred in a thousand. The climate of these cities is changeable, but for the most part cold. In nearly all the southern cities of this country, particularly those situated on the Atlantic coast, phthisis causes about one-fifth of the mortality. In the West Indies, where the climate is very warm, tuberculosis is very common, constituting a large mortality, especially among the negroes, one half of whom, it is said, die with this disorder. In the East Indies considerable numbers fall victims to this wasting malady. At the extreme north, according to Dr. Kane, phthisis is almost unknown.

If, then, this disease originated from cold, we would naturally expect to find it more frequent in northern than southern climes. More frequent at Stockholm and St. Petersburg, than in Paris, London or New York. More common in the in the latter places than in many of our southern cities; but such is not the case. Locality has more to do with the production of this disease than temperature. This has been clearly demonstrated by the researches of Dr. Henry I. Bowditch of Boston. In his address delivered before the Massachusetts Medical Society, May 28, 1862, on "Consumption in New England, or, Locality one of its Chief Causes," he maintains the following propositions:

"1st. A residence on or near a damp soil, whether that dampness be inherent in the soil itself or caused by percolation from adjacent ponds, rivers, meadows or springs, is one of the principle causes of consumption in Massachusetts, probably in New England, and possibly in other portions of the globe.

"2d. Consumption can be checked in its career, and possibly, nay probably, prevented in some instances by attending to this law."

Dr. Bowditch has produced a large mass of evidence to prove these propositions. It is testimony gathered from his own experience and a large number of physicians, in the state of Massasetts, engaged in the active duties of their vocation. With few exceptions, they all bear testimony to the fact, that in certain localities the inhabitants are more obnoxious to phthisis than in others, and that those places are commonly very damp. Indeed, it has been proven years ago by the mortuary statistics of the United States army, that the deaths from phthisis at maritime stations are more than double what they are further inland, and all places surrounded by water, or valleys made verdant by flowing streams, are more productive of this scourge of humanity than dry mountainous regions.

But I must confess, from my own observation, that change of climate or locality has very little influence in mitigating or retarding confirmed pulmonary tuberculosis; and that those individuals who are seeking a remedy from these sources alone, are pursuing a phantom. I am well satisfied, that we frequently make a great mistake, in ordering our phthisical patients from all the comforts of home, and kind friends, to a new and untried locality and climate. I have met with many instances where it had a very unfavorable influence upon the successful treatment of the malady. In most cases the invalid expects to derive some specific virtues from the locality or climate. He, therefore, quietly seats himself down, discards or neglects other efficient therapeutical measures, and waits for the coveted blessing. But it never comes, and cannot, without the diligent employment of such medical agencies as are known to have an influence in correcting the tubercular diathesis, and the arresting the local lesion. No matter how favorable the local and climatic advantages, the latter must not be neglected, if the disease is in any way mitigated or successfully treated.

—— Edmund R. Peaslee, M. D., is announced to deliver a course of private lectures for young men at the rooms of the Young Men's Christian Association, No. 161 Fifth avenue. The first was given on the evening of January 8th.

## CARCINOMA WITH PERICARDITIS.

Pathological Specimen Examined before the Allen Co. Indiana Medical Society.

By H. P. Ayres, M. D.,

Fort Wayne, Ind.

The patient was fifty-two years old, five feet seven inches high, squarely built, dark bushy hair and beard, with an unusual amount of hair on the chest and limbs. His face was full and red; eyes small, deeply sunken and dark. The face and entire contour of the man, indicated a good constitution and healthy person. His father died aged eighty-four years, his mother eighty; only one member of the family consumptive; no known carcinoma. The patient was uniformly temperate and moral in every respect.

About three years ago he was attacked with what was supposed to be intermittent fever, attended with a pain running across the breast. Similar paroxysms became periodical, occurring every four or five months, but gradually shortening the interval. Sometimes they were attended with a tearing, excruciating pain, but always with a superficial pain, embracing the arms, clavicles, and first four ribs. During these paroxysms, to obtain an easy position, he was at times compelled to lean forward; all the symptoms were relieved with morphine; during the interim, there was an entire freedom from pain, and he was able to attend to business, feeling perfectly well.

One year before death he had an attack, lasting three weeks, of excessive expectoration of offensive sputa, which was tenacious, and permanently stained every thing upon which it fell. During the period of two years, he had two attacks of bulging, or swelling of the upper part of the chest, but the symptom disappeared in a few days; it occurred again during his last sickness, to which I will refer.

The mind during this period would at times be desponding, almost amounting to a wish for self-destruction; like to the pain, it was paroxysmal, followed by an entire freedom from depression. In June, 1868, he had a severe attack of pain in the upper part of the chest, which was attended with dyspnœa and prostration, but from which he rallied in a few days, and returned to his vocation.

In two weeks he had another attack, from which we commence an account of his last sickness. I may here remark, that for two years he had occasional attacks of dyspnœa, with an asthmatic rale, but they elicited no special attention.

In this last attack, there was a recurrence of the pain, with rigors, in the upper part of the breast, involving the clavicles and first four ribs, but he did not complain of any deep-seated pain, neither was there any special evidence, from pain, of a malignant trouble. The tongue was clear and moist, not indicating any gastric trouble. The bowels were regular, and the fœces healthy. Notwithstanding this condition, the patient was exceedingly nervous; the pulse one hundred and twenty; sometimes so rapid and weak, they could scarcely be counted or felt; these symptoms were induced by any motion, erect position, talking, or any excitement. The dyspnœa and asthmatic breathing became continuous, excepting when under the influence of morphine, which always relieved it. His position was generally on the back, or right side, being unable to lie on the left, on account of a sense of weight, and increased dyspnœa.

The liver was enlarged, elongated, and hard. Upon its surface could be distinctly felt large knobs or bunches, yet there was no special tenderness, excepting near the base of the organ. As the disease progressed, the neck and face of the patient became exceedingly œdematous, almost closing the eyes; the jugular veins were continuously overloaded; the superficial veins of the head, and neck, and right arm, stood out with excessive distinction, all indicating an unaccountable and greatly impeded circulation. Immediately above the middle third of each clavicle there was a nonpulsating tumor, three inches long, and one and a half in diameter. The skin of the face, neck, and arms was of a cyanotic appearance, and frequently covered with large drops of cold perspiration. The dyspnœa, which was almost continuous, sometimes became orthopnœic, and threatened to terminate life instantly. Every exertion to get up, which he did do to near his last, to speak, and, finally, every effort to swallow, would so increase the action of the heart, that the patient would call on some one to hold it, "to prevent it jumping out." Almost all the pain had been felt in the upper part of the chest. Three weeks before death there was a metastasis, and the seat of pain was in the region of the heart, but there was no special change in the symptoms.

In the early part of his last sickness, there was the normal action of the apex of the heart against the parietes of the chest; this gradually diminished, and finally disappeared; the sounds and impulse of the organ moving to the centre of the sternum. Percussion had revealed an unusual dulness over the cardiac region, extending from near the superior to the lower end of the sternum. No abnormal dulness could be found over any other portion of the chest, excepting over the liver. The spine was free from any soreness.

Auscultation demonstrated the lungs to be pervious to air, excepting in the region under the breast bone.

No special sounds could be heard in the chest, excepting that which usually attends asthma, and a mucus rale in the bronchial tubes. The action of the heart varied, sometimes irregular, rapid, short, with an entire want of the "lubb tup" sound. They were heard over the entire dull part, but more intensely over the heart; the impulse of the organ was not usually great, yet there were periods of intense palpitation. As I have remarked, there were two periods in which the breast bone and ribs were bulging, or pushed out; during the last sickness this phenomena became a marked and permanent characteristic, and had the appearance of suppurating, there being one point of some tenderness. The most prominent and continuous source of suffering, excepting the dyspnœa, was a periodical nausea, occurring in the morning, which could only be relieved by an opiate. At no time previous, as far as I could ascertain, nor during my attentions to him, did he either by complaint or fever, give any indication of inflammatory action; or of the changes and accumulating mass going on in his body. Obscurity usually attends pericarditis; it may be so insidious and stealthy in advancement, that we are hardly aware of its presence, but I cannot conceive how there can be such an amount of organic lesion and functional depravity, without the most exquisite suffering. Men of great fortitude and endurance may bear a large amount of suffering without complaint, but such was not the case in this instance; the patient was nervous, irritable, and complaining in any sickness; but during the accumulation of the mass of disease found in his body, there was no complaining or suffering, more than I have intimated.

As my object is not to detail the treatment, I entirely omit it, hoping it was judicious and carefully ordered under all the circumstances. My object is to show the difficulties and obscurities surrounding the case, when compared with the revelations of the post mortem examination. The prominent symptoms were:

1st. Periodical pain or spasm occurring three or four times for over one year, sometimes slight, sometimes excruciating.

2d. Expectoration of sticky, coloring sputa.

3d. Occasional dyspnœa and asthmatic breathing.

4th. Depression of mind, paroxysmal.

5th. Abnormal action of heart.

6th. Diseased liver.

7th. Cyanotic skin above the heart, with œdema.

8th. Nausea of stomach, periodical.

9th. Swelling or bulging of the superior portion of sternum.

Post mortem examination, fifteen hours after death.

Subject much emaciated, œdema of face, neck and right arm remained.

Mesenteric veins engorged, tissue dark, tender and easily torn. In the pylorus were found three cysts of carcynomatous deposit as large as a medium sized hazlenut. The liver was elongated and thickened near the base, the right lobe weighed fifty-six ounces. The entire surface was mottled with greyish deposits of carcinomatous matter, varying in size from a small pea, to three inches in diameter, some of these deposits were in nodes, or knobs, standing out from the surface of the liver. One of these deposits was over three inches in diameter, and in the upper edge of the lower third of the right lobe, a grey ring formed the boundary, the centre was darker and deeply cupshaped.

The sternum could only be removed by dissecting through a dense encephaloid tissue, three and a half inches wide at the middle of the breast bone, but diminishing some as it extended to the ensiform cartilage and superior portion of the bone. When the sternum was removed, no part of the appendages of the heart could be seen; the organ was almost perpendicular with and under the sternum. The mediastinum was incorporated, or obliterated in this accumulation of fibrous matter. The entire surface of this mass was a fatty, fibrous one, and so solid that when moved in one part the whole mass was moved. The mediastinal edge of each lung was adherent, or incorporated in this body, while the remainder of the lungs was entirely free from any deposit; a portion of the left lung was engorged with blood. There were numerous, and strong old adhesions over the upper part of the left lung while the right was entirely free. This mass when removed, weighed fifty-six ounces. Incorporated in it, was the heart, pericardium, aorta, vena cavas, vena azygos, thoracic duct, with the tissues around them, no one of which could be separated from the mass without dissection. The heart, as I have remarked, had been drawn from its proper position and imbeded in this carcynomatous exudation when it only had room for a limited action. The pericardium was adherent to the heart, which was much atrophied, its length being only three inches, its diameter two and a half, the organ was pale and soft. The walls of the right auricle were unusually thin for an atrophied heart; attached to the inner walls of the auricle was a pedunculated tumor, one and a quarter inches long, with three cysts in its free extremity, of a similar exudation already spoken of. The trachea and bronchial tubes were surrounded, or encased by this abnormal matter. A short distance above the bifurcation the trachea was so much contracted that the end of the little finger could not be introduced. The vena cava decendens was constricted in a similar manner, and in the constricted part, a recent plug, in a state of semi-organization.

The immediate cause of death was a slow strangulation, caused by the accumulation of matter around the trachea.

In forming a diagnosis in this case there was a great want of concurrence in the symptoms; even the most prominent symptoms, those of pericarditis, needed concurring evidence to satisfy the mind of its existence; and the post mortem examination only revealed the cause of some of the phenomena which I have before intimated.

## TETANUS: RECOVERY.

By Wm. H. Gunkle, M.D.

Of Frazer, Pa.

Amos T., aged 21 years, born a cripple. Talipes varus of both feet. Right hand deformed and almost useless, the left being the only fully developed and useful member of his body. This he unfortunately thrust into a threshing machine, lacerating it badly (October 1st, 1868) rendering amputation of the two middle fingers at the middle of the first phalanges necessary. The wounds healed kindly, and all things went well until the eleventh day, when the patient complained of dyspnœa; this was followed shortly by contractions of the muscles of the back, stiffness of the jaws, and more or less spasmodic contraction of the entire muscular system, showing pointedly the character of the case.

The gravity of the case induced me to call in consultation, Dr. Price of West Chester. We agreed to put the patient on a decided course of anodyne, tonic and stimulating treatment, with as strong a diet as the stomach would receive.

He was accordingly given one third of a grain of morphia (sulph.) every two hours, alternating

with two grains of quinia in two ounces of whisky, (that is taking a dose of medicine every hour) with as much beef-mutton and chicken soup (made rich) as he could take. A strong lye poultice was applied to the hand. This course of treatment was continued for ten days without change (except the increase of morphia to half a grain) when muscular contraction gave way—during this time the bowels were constipated, no attention paid to them except by enema; these failed to have the desired effect after a time, and they were left alone.

On the eleventh day violent vomiting and purging set in. Considerable blood was thrown up and ejected from the bowels—the vomiting was allayed by small doses of hyd. chlo. mit., every half hour, when the stomach was sufficiently settled; the bowels were controlled by a pill of opium, gr. j., plumb. acetat., gr. ij., hyd. cum. cret., gr. j., and ipecac., gr. ½ (pulv.) every four hours, when convalescence set in, and our patient was speedily restored to health, and continues well.

Our great point in the treatment of the case was to give power and tone to the nervous system, to resist the inroads of local irritation—at the same time subduing that irritation as much as possible. How far we succeeded our patient can testify.

## OVARIAN DROPSY CURED BY TAPPING.

By Hiram Corliss, M. D.,
Of Greenwich, Washington County, N. Y.

Mrs. M., aged 53 years, of Saratoga, first felt a disagreeable sensation in her side, a little above her right hip, in 1863. It continued in that locality about one year, and then left the right side, and became located in the left. She then discovered a small tumor about the bigness of a two-ounce ball, which continued slowly to increase. Three years from its first appearance in the left side, it had extended quite across the abdomen, during the whole of which time she experienced no pain in the part.

Her catamenia had been regular until October, 1866; it then at once ceased altogether, at which time the tumor began to increase and extend rapidly. Her bowels for years had been habitually constipated.

I was called to consult, in her case, with Dr. Preston, her family physician, on the 16th of December, 1867. I then appointed another visit to be made on the 20th, but her suffering became so great that they sent for me the next day, the messenger saying she could not live but a short time without relief.

On the 18th I visited her again with Dr. Preston. At this visit I tapped the tumor through the vagina with a long, curved trocar, and drew off five quarts of a dark-brown liquid. After only a few moments, she became perfectly comfortable. I then informed her that probably within a few weeks it would fill again.

On the 9th of January, 1868, I was sent for again. I then drew off four quarts. At this time the fluid was less dark, but very fetid. After this tapping I introduced a silver canula, through which there was free ingress and egress for all fluids. For a number of weeks we frequently injected an alkaline solution through the canula, thus washing out the sac. The opening into the sac, in this place of operating, being in the lower and pending part, gave a free exit to all fluid contents, and for this reason, this place of operating has a decided advantage over all others; and with this advantage, I can conceive of no reason why we may not as often succeed by injection in cases of ovarian dropsy, as in cases of hydrocele.

The discharge for a few days after the second tapping, was very fetid, but soon became less so.

The canula accidentally came out after being in eight weeks; but the discharge continued five weeks without it, and then ceased entirely for one week; then a discharge of one gill took place. This time the discharge continued only about three hours, and then stopped finally, since which there has been no swelling nor any discharge. After the second tapping she began to be more comfortable, and her general health began to improve, and after about three months she was able to take care of her household affairs.

I have been requested by a number of distinguished surgeons to report the case, but I have not until now, leaving full time for its return. But after so long a time, being about one year, and there being no symptoms of its return, I think the case may be considered both a perfect and a permanent cure.

### Concretions in the Joints of the Extremities, in a Child.

At a clinic in the University of Pennsylvania on October 14th, 1868, Professor Carson presented a girl, æt. 4 years, of fair development, who had concretions in the joints of her elbows fingers, knees, ankles and toes. She has never had rheumatism, nor have her parents been affected with rheumatism or gout as far as could be ascertained. Has pain in the affected joints, difficulty of locomotion, and is very timid. The

deposit began when she was one year of age, at which time she suffered a severe attack of diarrhœa, and had also been very ill from the effects of vaccination. A. A. H.

# Hospital Reports.

Jefferson Medical College,
*Philad., Dec. 16th*, 1868.

### Tracheotomy.

Performed by Prof. Samuel D. Gross, at the Surgical Clinic of the Jefferson Medical College, Dec. 16th, 1868.

Reported by A. J. Allison.

John Rheineman, æt. 3 years, on the 15th of September, while playing with several children of his own age, and having his mouth filled with water melon seeds, was suddenly seized with a fit of laughter which caused the seeds to be violently expelled from his mouth. Immediately afterward he was seized with a prolonged and severe spell of coughing. It was supposed, therefore, by his parents that he had gotten one of the seeds into his windpipe. Since that time—full three months ago—the little fellow has had severe and frequent spells of spasmodic coughing lasting for a length of time, and have been annoying the child's health very seriously.

The diagnosis in this case had to be founded entirely on circumstantial evidence. Neither auscultation nor percussion gave any certain knowledge of the whereabouts or abode of the foreign body. Its size though would entitle the belief of its not stopping short of the bifurcation of the trachea.

The length of time since the occurrence of the accident, and the various causes of death which may arise after an operation—namely, inflammation of the lungs, or of the mucus lining membrane of the tube, etc., all go to make the prognosis an uncertain one.

The little patient, having been thoroughly put under the influence of ether, with a few drops of chloroform added to the sponge, was placed full on his back with a pillow under his shoulders and neck. His head was then depressed and firmly held in the hands of an assistant, thus making the median line of the neck very prominent. An incision was made through the skin in the median line of the neck beginning at the base of the cricoid cartilage, and extending to within a quarter of an inch of the top of the sternum. The deep fascia was then divided, and the contiguous borders of the sterno-hyoid and sterno-thyroid muscles were next separated with the handle of the bistoury. In the same manner the loose areolar tissue, containing the inferior thyroid vessels was separated from the front of the trachea, divided and drawn aside by means of a blunt hook in the hands of an assistant, who retained it there. The wound was now cleared of blood by means of a sponge, leaving the trachea freely exposed. The knife was then thrust into the trachea, with its back toward the sternum, and at right angles with the tube; thus avoiding injury to the great vessels lying at the root of the neck. The incision was carried upward through three or four of the cartilaginous rings or to the inferior edge of the isthmus of the thyroid gland. Immediately on the opening of the trachea an effort at coughing was induced by the free access of air to the irritated parts, but considerably suppressed by the anæsthetized condition of the patient, The wound was distended by a pair of dilating forceps, and the boy was inverted and lustily clapped on the chest, both back and front, without effect. The patient was then placed in the recumbent position. And very soon afterward a violent fit of coughing began, ending in the expulsion of the eagerly looked for seed, at the wound.

The difficulties experienced in this case were an extremely short and fat neck, making a truly delicate and dangerous operation. There was not the loss of a teaspoonful of blood. The seed to all appearances was of the natural size and shape, and unchanged in any one respect. The patient's general health must be cared for, and "vis medicatrix naturæ" will be assigned the duty of closing up the parts. Good broths, soups, etc., will compose his diet.

### Large Salivary Calculi.

Our esteemed correspondent, Dr. H. E. Van Rygersma, of St. Martin's Island, West Indies, has sent us some remarkable specimens of salivary calculi. Two of them are as large as lima beans. They were taken from the mouth of a negro woman about fifty years of age. The first calculus was extracted by a French surgeon, and was the size of a pigeon's egg. The excretory duct of the submaxillary gland, Dr. R. describes as completely changed into a bag, and will readily admit a grain of corn. This keeps up the tendency to calculous deposit, and Dr. R. has taken them out at three different times within the last eighteen months.

Such specimens are among the rarities of pathological cabinets.

# EDITORIAL DEPARTMENT.

## Periscope.

### Scarlet Fever.

The subjoined sensible remarks from the *Medical Times and Gazette*, may be taken home and digested by many a corporation in this country.

"If anything were wanting to show that scarlet fever belongs to the same class of diseases with erysipelas, hospital gangrene, typhoid fever, and the like, it is the identity of the questions which arise from time to time as to their origin and propagation. Some years ago the doctrine was that scarlet fever was propagated exclusively by infection; and even after typhoid was known to be caused by sewer poison, the idea that the same could be the case with scarlet fever was treated as fanatical. By the way, so far as we know, this idea was first enounced by Dr. DRUITT in a lecture on the sanitary state of dwelling-houses, at the Royal Institution in 1859. Now, however, both doctrines seem to be held with even balance. No one can deny the spreading of scarlet fever from sick to healthy; but the correlated doctrine that it can be generated, or at least increased and propagated, by filth of all sorts, but more especially by sewer filth, is also acquiring daily greater prominence. So that, as with questions of quarantine, whilst contagion is justly shunned, the foul conditions of air, earth, and water, which intensify contagion, are still more justly denounced. A letter which Dr. CARPENTER, of Croydon, has published in the *Times* of November 24th, bears valuable testimony to the true sources of danger. We know for a fact that persons who would refuse to come within half a mile of a scarlet fever patient, and who profess dread at the smallest piece of scarf-skin that peels off, will yet breathe and drink sewer vapor and sewer water with sublime unconsciousness of danger. Dr. CARPENTER says of scarlet fever:

"In most cases its destructive effects may be traced to some recently disturbed cesspool. It is severe with those living in an atmosphere such a condition engenders; it is slight with those not exposed to such influence; and this is the case with the majority of those living upon lines of sewers which are properly flushed and well ventilated; not, however, on the *elongated cesspools under streets* of great cities.

"It is more particularly the truth of the assertion that scarlet fever depends wholly upon contagion for its production that I wish to challenge, and for the following reasons: I have twice been able to trace an outbreak of scarlet fever most distinctly to the spreading of slaughter-house manure upon market gardens—in one case 500 yards distant from the houses affected by it. The manure was spread and left exposed upon the ground for three days, to windward of some houses situated upon higher ground. They were all detached from each other, and not communicating with each other. Five days after the manure was thus exposed, seven cases of scarlet fever occurred simultaneously in six of the houses thus circumstanced. Not one of the parties affected knew any of the others, and there was no circumstance common to each, except the one I have mentioned. The symptoms of the fever were most marked, but the ordinary means of isolation being adopted, there was no spreading of the disease after its first appearance. The manure was ploughed in as soon as complaint of the stench was made. In the other case the impossibility of contagion was less marked, but many isolated cases occurred in a district exposed to the influence of slaughter-house manure. They all occurred, as far as I could learn, simultaneously, or nearly so, and there was no continuance of the disease.

"Now, while slaughtering goes on as it does in large cities, while the refuse is used is a manure, and carted without preparation over the country in hot seasons and spread over the land, while cesspool matter is used in the same way, while blood from slaughtering-places finds its way into sewers and putrefies there, the particular ferment producing scarlet fever is thus set free. Scarlet fever will continue to occur, in spite of all other sanitary improvements, and while such cases do arise, its propagation will occur in ways quite impossible to discover, the penalties inflicted by the sanitary act notwithstanding. Every medical man attending the poor in great cities is aware of this. I have seen poor persons at work as tailors, as upholsterers, as weavers, and other trades, in the same room as that in which their children, sick with scarlet fever, were lying. I have remonstrated with them upon the danger to others by such a course. They have asked, with tears in their eyes, if they and their sick little ones were to starve. Thus the disease is introduced into the households of the rich from the dwellings of the poor, and the vengeance of Providence falls upon those who, as a class, are more responsible for the origin of such diseases than the poor among whom it may first be engendered. We ought not

to allow the presence of that matter which produces the disease—namely, animal matter in a particular state of decomposition. Remove all such before decomposition takes place, and you render scarlet fever comparatively harmless and infrequent."

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### Galvano-Puncture.

The *British Medical Journal* has the following remarks on this therapeutic method:

Galvano-puncture may be employed with a view to coagulate the blood in aneurisms and varices, to cause the destruction and absorption of tumors and chronic exudations; to produce absorption in dropsical joints; and for the purpose of curing neuralgia. Its employment in the treatment of aneurism an varix depends on the power of a Galvanic current to cause coagulation of the blood, In defibrinated blood, the clot produced by it is due to coagulation of the albumen; but, in living blood, it is, in all probability, also formed by coagulation of fibrine. The solidification of the albumen and the fibrine may be due to the direct action of the Galvanic current on these bodies, or to the influence of substances resulting from the electrical decomposition (Electrolysis) of the saline constituents of the blood; probably it is the result of both.

When both poles of a Galvanic battery are introduced into the blood-vessels of a living animal—as shown by Duncan and Fraser (*Edinburgh Medical Journal*, August, 1867)—a clot is formed at each pole. On this account, they recommend that both the negative and positive electrodes should be introduced into the aneurismal sac. On this matter, we differ from these gentlemen. We think that electrodes connected with the *positive pole only*, should be introduced within the blood-vessels. Our reasons for this are the following. The clot produced at the positive pole is dense and firm, that at the negative (zinc) pole is soft and yielding; the gas generated at the positive pole is readily absorbed, that liberated at the negative pole is not so. We, therefore, deprecate the introduction of the negative (zinc) pole into the blood-current, because it produces a soft yielding clot, and gas which is not quickly absorbed. Certainly, the gas is generated in very minute bubbles, which if carried away by the current of blood, would, in all likelihood, do no harm, even if in considerable quantity; but we would dread the effect of a sudden passage into the circulation of a considerable amount of such gas from a large aneurism, where, as the result of the electrolytic treatment, it might have accumulated. Besides, experience suffices to show, that aneurisms may be healed when the positive pole only is placed within the sac. The introduction of the negative pole need not, therefore, be considered necessary.

From one to four steel needles, with their shafts coated with vulcanite, their points gilded, and their other ends provided with screws for attaching wires should be connected with the positive pole of a battery, consisting of four Bunsen's or of six Daniell's elements, of the ordinary size. The number of needles used must vary with the size of the aneurism. According to Fromhold (Meyer's *Electricitat in ihrer Anwendung auf practische Medizin*, 1868, p. 399), the strength of the current employed ought to be such as to produce in a minute a coagulum of the size of a bean at the positive pole, when it is passed through white of egg. With the negative pole, a large flat metallic plate ought to be connected; and this should be placed in contact with the skin, at a distance of five or six inches from the aneurism. A layer of moistened sponge should be interposed between the metallic plate and the skin, to prevent undue irritation of the latter. The current may be transmitted for several minutes—at intervals of some days; this, of course, depending on the size and state of the aneurism. The flow of the blood through the aneurism ought, if possible, to be arrested during, and for some time after, the passage of the current. This mode of treating aneurism and varix deserves, on account of the success which has attended it, to be more generally adopted.

The experience of Dr. Althaus (*British Medical Journal*, pp. 521 and 534, 1867) serves to show that many tumors may be successfully treated by Galvano-puncture. He recommends that needles, connected with the negative (zinc) pole only, should be introduced into the tumor; while the positive pole should be in the form of a plate covered with moist sponge placed in contact with the skin. The textures seem to be destroyed, either by the direct action of the Galvanic current, or of the substances produced by the electrolysis. A battery, consisting of fifteen Daniell's elements, should in general be employed.

Galvano-puncture has sometimes been the means of producing absorption of the fluid in dropsical joints when other treatment has failed. Only three or four Daniell's elements should be used in such a case; and the current ought not to be passed through the joint for more than a few minutes at a time. In cases of obstinate sciatica, we think that Galvano-puncture might be tried. Its employment in such cases would

be in strict accordance with the fundamental electro-therapeutical principle of treatment *in loco morbi*. When hydrops articuli and neuralgia are treated by *Galvano-puncture*, a battery, consisting of two, or at most three, Daniell's elements, should at first be tried. In the case of sciatica or other neuralgia, hydrops articuli, and some tumors, such as enlarged glands, Galvano-puncture should not be resorted to, until Galvanisation by placing the electrodes *simply in contact* with the skin has had a fair trial.

### New Modes of Preparing Objects for the Microscope.

In Mr. LOCKHART CLARKE's essay on the Intimate Structure of the Brain, contained in the Philosophical Transactions for 1868, we read that GERLACH now hardens the cord in a a solution of bichromate of ammonia of the strength of from one to two per cent. The sections are then put into a solution of one part of chloride of gold and potasssium to 10,000 parts of water, slightly acidulated either with vinegar or hydrochloric acid, for ten or twelve hours; when the white substance becomes of a pale lilac, while the gray substance is scarcely colored. They are then placed in a mixture of 1 part of hydrochloric acid to 2000 or 3000 parts of water for a few minutes. After this, the sections are steeped for about ten minutes in a mixture of one part of hydrochloric acid to 1000 parts of 60 per cent. alcohol, and then for some minutes in absolute alcohol; after which they are made transparent by means of creasote, and put up in Canada balsam. Mr. CLARKE adds, "This is rather a complicated process." A much simpler method has been proposed by M. RAUVIER in the last number of BROWN-SÉQUARD'S *Archives of Physiology*, which consists in the employment of picric or carbazotic acid. This acid is only moderately soluble in water, and a saturated solution may therefore be employed. It possesses the further advantage of being very cheap. It is admirably adapted for all tissues containing much blood, and therefore for specimens of liver, lung, etc. It appears to act by effecting coagulation of the albuminous substances, though, unlike alcohol and chromic acid, it does not occasion any fusion of the constituents of the tissue. The red globules retain their form and characters extremely well. The portion of tissue required to be examined should be plunged into the solution, and after the lapse of twenty-four hours, it will be found to have acquired sufficient firmness to permit of very fine sections being made with a razor. The saving of time by this method, as compared with the chromic acid, is immense. The preparations will take color from carminate of ammonia, and may be prepared in glycerine.—*Lancet.*

### Arsenic in Phthisis.

The question of the therapeutical use of arsenic in phthisis is of much practical interest. It has been the subject of an able report by M. HÉRARD, of the Academy of Medicine of Paris, in connection with a previous communication from M. MOUTARD-MARTIN. M. MOUTARD-MARTIN, one of the nosocomial physicians of Paris, and an accomplished clinical observer, has studied with great care, and in a severely experimental manner, the physiological and therapeutical action of arsenic in phthisis. Two points of his researches have been to experimentalize with the remedy upon both hospital and private patients, and to exclude every other medicament from the treatment, so as better to distinguish the effects of the one under trial. According to M. HÉRARD, favorable effects are observed in the vast majority of cases. In the course of a few days only, the patient revives, the eye shows new life, the complexion is better, the appetite is restored, and the patient even gains flesh. This beneficial action of arsenic is, however, observed in only one class of phthisical sufferers—those whose digestive organs have not undergone much impairment. In cases in which there is much impairment of the digestive functions, and in which vomiting and diarrhœa are already present, the remedy, far from doing any good, often increases this condition of the patient. This leads us to infer that arsenic exercises no local or direct action in phthisis, and that its good effects are merely due to its influence upon the functions of nutrition. M. HÉRARD, however, is inclined to believe that some direct action is exerted upon the mucous membrane of the lungs, which serves to eliminate the remedy; and in connection therewith, he refers to the peasants of Lower Austria, of Styria, and of the Tyrol, who frequently make use of arsenic, because it enables them to breathe much more freely when climbing up their mountains. With regard to the action of arsenic upon the functions of nutrition, M. HÉRARD thinks it is two-fold; not only does it increase the appetite, either by a direct stimulating influence on the mucous membrane of the alimentary canal, or by its general tonic and fortifying action, which the digestive organs would be the first to feel; but it exercises another and most important influence, which consists in moderating the oxidation of tissues, and

in thus impeding the process of denutrition, as has been shown by the experiments of Brettschneider, Schmidt, and Sturwage, and, still more recently, by M. Lolliot, House Surgeon to the Paris hospitals. This latter investigator has observed that the administration of arsenious acid, in doses of ten milligrammes daily, causes a lowering of the heat of the body, and a marked diminution in the quantity of urea. The form in which arsenic is administered preferably to all others, by MM. Moutard-Martin and Hérard, is the arsenious acid, prescribed in the shape of pills or granules, each containing one milligramme of the substance. Seven or eight of the granules are administered at first; but the dose may be speedily carried to ten or fifteen milligrammes, very seldom to two centigrammes. M. Hérard asserts that with this precaution of dividing the daily dose, of never giving more than two millimetres at a time, and of administering the granules as often as possible immediately before the meals, no accident is ever seen to occur. It is very seldom that the treatment is suspended or modified through temporary sickness, vomiting, or diarrhœa. When the granules cannot be administered, an arsenical solution may be employed in small and increasing doses; and recourse may be had to arseniated mineral baths, such as Bourbole, the Mont Doré, etc. Whatever the form in which the remedy is exhibited, M. Hérard insists upon the necessity of suspending the treatment from time to time. In conclusion, M. Hérard is confident that M. Moutard-Martin's researches have had the result of establishing the perfect innocuousness of arsenic when properly employed, and its undeniable efficacy in certain forms of tubercular phthisis.—*Lancet.*

### Talleyrand.

To the anecdotes of Talleyrand which have lately been current, the *Annales Medico-Psychologiques* adds the following. Talleyrand fled to America during the French Revolution, and walked one day with his friend B. on the ramparts of New York. The expression of his friend's face produced such an effect upon him, that he addressed him in these terms: "Miserable man, you wish to kill me." The other looked at him in astonishment; and then, bursting into tears, avowed that the idea had occurred to him, and that at that moment he had been waiting for an opportunity to throw him into the sea.

## Reviews and Book Notices.

**Clinical Lectures on Diseases of the Urinary Organs, delivered at University College Hospital.** By Sir Henry Thompson. With illustrations. Philadelphia: H. C. Lea. 1869. 1 vol., 8vo., cloth, pp. 204.

These are lectures delivered in colloquial style, and originally published in the London *Lancet.* They deservedly attracted considerable attention among the profession in England, and were republished in book form, at the request of many readers who wished to have them in a more convenient shape for reference than the pages of a serial. The subjects treated of are stricture of the urethra, hypertrophy of the prostate, retention and extravasation of urine, lithotrity and lithotomy, cystitis and prostatitis, hæmaturia and calculus, and paralysis, atony, and tumors of the bladder.

The illustrations, twenty-one in number, are cut with average skill, and aid in explaining the text. The author has already a wide reputation in this branch of surgery, and his book will be found a useful monograph.

**The Philadelphia System of Obstetrics, in Twelve parts. Fully illustrated.** By J. S. Longshore, M. D., Professor in the Philadelphia University of Medicine and Surgery. Philadelphia: University Publication Society, 1868. 8vo. 1 vol., leather, pp. 800.

This work, be it noted, emanates from the *Philadelphia* University—not the University of Pennsylvania. The Philadelphia University is "neither homœopathic, allopathic, nor eclectic, but is all of these at once." Therefore, this, the *Philadelphia* system of obstetrics (whether possible or desirable outside of Philadelphia, would seem a question, and indeed is, in our opinion,) "embraces the broadest liberal principles upon which the teachings of that institution are based," it has no prejudices against homœopathy, Thomsonianism, or "any of the dominant medical sects of the day."

Still, the art of obstetrics is so much of a mechanical art, and it has been so thoroughly explored, and every emergency is so well guarded against, that any book of the magnitude of this one upon it, cannot fail to contain much that is sound and useful. Dr. Longshore has been at pains to study up the leading authorities in the English language, and gleans from them a great many excellent precepts. There are worse books than his, from men who stand better with the regular profession, and we certainly unfeignedly hope that those who get diplomas from the University in question will both buy and read this book, as this will unquestionably give them a better knowledge of the subject than most of their fellows have.

Medical and Surgical Reporter.

PHILADELPHIA, JANUARY 16, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

## THE MICROCOSM and THE MACROCOSM.

The poet tells us that in the days of childhood we see the beauties and the truths of nature more clearly than when years have brought the philosophic mind. So it occasionally seems as if the earnest workers in science long centuries ago amidst their darkness and ignorance, yet caught some glimpses of the grand discoveries which have made forever memorable our own generation. Ages before FULTON, a steam ship had ploughed the French waters; a thousand years and more before GALILEO, the movement of the earth had been asserted. So in physiology we discover that some of the most profound speculations on the relations of the individual to the universal life had been anticipated and expressed, though under obscure and fantastic forms. Let us examine this much talked of inter-relation which exists between the vital force, the principle of life, and those physical forces which are the recognized motive powers of matter.

The learned tell us that the latest dicta of science point unmistakably to a discarding of any special vital force, to a negation of any other principle of life than can be seen in the lowest animal, in the plant, aye, even in the crystal, and the amorphic rock. Is it asked whence this distinction between the organic and the inorganic world, whence these joyous instincts of independent action, whence these infinite faculties, this noble reason, this godlike apprehension which characterize *man*, the reply comes from the austere lips of chemical science, that it is in the relative mobility of the ultimate atoms of matter of which these bodies are composed, that the distinction originates; that it is the purely chemical action of matter which produces the nerve force, which supports the brain structure, and which generates these high thoughts and generous impulses, secreting them as it were, in the language of CARL VOGT "as the kidneys secrete urine." "Ohne Phosphor kein Gedanke," without phosphorus there is no thought, is the verdict of MOLESCHOTT.

Can such gross doctrines as these, which we state in all their bald materialism, be reconciled with what the poets sing to man, with what patriotism teaches him, with what religion inspires him? We think they can; we think that long ago, in the Middle Ages, subtle thinkers saw and solved the problem.

Modern science in its highest flight reaches a point where the distinction between force and matter, *kraft* and *stoff*, disappears. The materialist, the chemist, and the natural philosopher, all agree that these are terms for convenience only, and without foundation in the highest realms of thought. Our only possible knowledge of matter comes by observing the force it exerts; we know of the universe therefore nothing but its *forces*. They vary in degree, perhaps not in kind. All forms of matter are in fact *to us* only forms of manifestation of force.

Analogy teaches us that there must be many developments of force unknown to us, existences not compact of clay like ours, ethereal though the elements are which go to form our bodies compared with the constituent parts of inorganic masses. Higher calorific conditions, greater molecular mobility, capacity of swifter motion, these are the chemical requisites of the higher life. We well know that in these respects we are far down the scale. We dimly see that combinations may well arise, may now exist, analogous to the highest forms of organized matter—the nerve and brain substance—but without their earthy admixture. And as all those exalted sentiments and powers of which we just now spoke do arise in us as we are, we readily see that they are no empty phantasms, but real, positive, definite products of matter, in action and reaction as certain, as true, as the salt which results from the reaction of an acid and an alkali. Thus the True, the Good, and the Beautiful, appear no longer the vague imaginings of man, but absolute, and real—secretions of the brain, if you will, but secretions not more visionary than those of any other organ.

And as the brain of man, imperfect as it is, largely composed of elements of comparatively low atomic heat, and limited molecular mobility, can thus elaborate products of so high an order, how beyond all conception marvellous must be those products of the nature of what we call *ideas*, such as reason, love, goodness, evolved by

the combined action of the most ethereal forms of matter reacting upon each other in the universe as a whole? For in the oneness of force throughout this universe no scientific man doubts, though we can understand it as little as that organic entity the micrococcus attached to the coat of a blood-vessel of the human body could understand how the whirling discs, now white, now red, that hurry past him, can be part of an individual whole.

Thus in materialism logically carried out, do we find the most substantial defence of idealism; thus do those views of science, pronounced so dangerous to man's loftiest emotions, serve but to corroborate them with evidence irrefragable; and thus does the word of him, by many called inspired, who two thousand years since identified the most ethereal form of matter, the most universal force, with man's highest idea when he said "God is Light," anticipate the sublimest conquests of human reason of which our age can boast.

# Notes and Comments.

### Prepaid Postage.

We have succeeded in including the subscriptions received up to January 13th, inclusive, in the list on which we prepay postage for the current quarter. Subscribers paying hereafter, *to the 1st of April*, will have their postage prepaid from the beginning of the *second* quarter of the year, except *new* subscribers, who take all the numbers from the 1st of January, who will have their postage prepaid from that date.

We can only prepay postage from the *commencement* of each quarter.

### To Correspondents.

In the hurry of the business of the last few weeks, we may have overlooked the requests of some of our correspondents. If so, will they be kind enough to remind us of the omission?

### "A Full Dose!"

Doses are sometimes nauseous, but they are, when intelligently administered, conducive to health, and ofttimes to life. We therefore accept as a compliment the laconic order of Dr. J. W. McC., of Ohio, who inclosing us eight dollars, says, "*Send us a full dose!*—Reporter, Compendium, and Pocket Record." And we will just take the occasion to say, that Dr. McC. is not the only one of that way of thinking, for that is the style of a large proportion of our orders of late. Our office has been a very bee-hive of activity for some weeks—all hands and the packing boy being kept "busy as bees" from early till late—yes, very late, some of us away into the "wee sma' hours" of the night. Keep up the activity, friends. We are highly flattered by the kindly reception all our publications meet with—the more hearty, the better for all concerned. Improvement in them all will keep pace with the ability to improve.

### Vaccine Virus.

It is to the advantage of the profession to keep us supplied with vaccine virus, so that we can supply others. We are in need of some now. Those who are supplied from our office can do no less than put it in our power to supply others. We cannot afford to purchase it for this purpose.

### Pennsylvania Training School for Feeble Minded Children.

One of the useful institutions in the vicinity of Philadelphia is the Pennsylvania Training school for Feeble Minded Children, located at Media, Delaware Co., and under the supervision of Isaac N. Kerlin, M. D.

The sixteenth annual meeting was held in this city on the evening of Tuesday the 5th inst. Children have been admitted and treated, since its foundation in 1853, for the following misfortunes, beside mere poverty: Inability to talk, defective articulation, defective sight or hearing, inability to work, feed themselves or dress; uncleanliness of habits, epilepsy, destructiveness, scrofula. The children now under treatment are from Massachusetts, Connecticut, New York, New Jersey, Pennsylvania, Delaware, Maryland, Virginia, Alabama, Missouri, Ohio, Indiana, Illinois, Cuba.

While on this subject we will record a new idea recently promulgated by Dr. Poggioli—that is, the employment of electricity in the treatment of the simple minded.

He thinks that by the use of this agent, children may be improved in mind as well as in body. He instanced a child, a phenomenon of deformity and stupidity, which, under the influence of electricity, grew three centimetres in a single month, and has since been always first, instead of last, in his class. He avers that vegetation is much richer and more rapid in its growth when electrified than otherwise. Dr. Poggioli proposes, by way of experiment, that a portion of the pupils in a lyceum or college be subjected to this electrical treatment. Our schools for feeble-

minded children would be proper places for experimenting with electricity. It certainly could do no harm if it did no good.

# Correspondence.

## DOMESTIC.

### A Singular Case of Attempted Suicide.

Editors Medical and Surgical Reporter:

Nov. 12th, 1868. Was called to see a man, aged 50, of a strong will and powerful muscle, about six feet high, and forty-eight inches around the chest. On the previous night he attempted to commit the above act; made eight or nine incisions in his neck and throat, one pretty large one near the left jugular, (the instrument was a razor.) He had lost a pound or more of blood, had been lying in this condition some eight hours, and was still bleeding slowly. Was lying on his back in his own blood, his jaws clenched, his eyes closed, his muscles stretched to their utmost tension. Apparently comatose. Was supposed to be dead by some, whilst others concluded that he was feigning insanity. (He was under arrest for larceny.) I examined the case. The skin of the body was naturally warm; breathing almost imperceptible; respiration about eight to the minute; pulse at the wrist full and bounding at 90; no pulse at the temple; heart very feeble; head ice-cold. On inquiry, learned that he was not subject to catalepsy, epilepsy, vertigo, or syncope. Was satisfied that there was no apoplexy or paralysis direct; also satisfied myself he was not narcotized, nor under the influence of liquor. I now commenced operations; turned him over, shook him, called loudly on him to wake up; it had no effect. I then applied aqua ammonia to his nostrils; still no effect. I then dashed cold water on his face, body, and thighs. There was not a sigh nor a twitch of a muscle to be seen. Turned him over, and filled his ear with hot water. Pulse the same. The lips became blue, the man dead as ever. I then shook him vehemently, pinched and scarified his side; not a twitch of a muscle. I then paddled his posterior effectually; pulse increasing at the wrist, and started at the temple. Pried open his jaws, and filled his mouth with a preparation of Cayenne pepper and carbonate of ammonia mixed in water; deglutition impossible. Held his nose shut, struck him with a spoon on the cheek and breast, but it had no effect. I ran a spoon down his throat; he then gagged, blew the solution out of his mouth, and trembled all over. Pulse declined to 90; system somewhat relaxed. Rubbed him with stimulants, blew Cayenne pepper up his nostrils, and not a sneeze nor twitch of a muscle followed. I then pulled his hair, paddled his person effectually. Pulse raising, had him taken from bed and put upon his feet. Still stiff and dead as ever. I then paddled him more effectually. Circulation started. Ask him questions, but no response. Ordered a hot iron, with which to brand him. He then spoke for the first time, but rather inaudibly. Gave him his pants, and with some little assistance he put them on, walked down stairs, where I washed and dressed his wounds. Asked him whether there had been any foul play, and other questions. He seemed to have recovered his equilibrium, mentally and physically, answered questions intelligently, said he had heard and felt part of my course of operations, but could not speak. Now, Sirs, what ailed him? Was it congestion of the blood or brain? Paralysis? Comatose? Was he moribund—or was he "playing 'possum" all the while—or was he in a state of articulo mortis? He has since been sentenced to the Eastern Penitentiary for larceny.

Jacob Ritter, M. D.

*Liverpool, Perry co., Pa.*

### Patent Instruments.

Editors Med. and Surg. Reporter:

Through the medium of your medical journal, I propose to reply to a recent editorial in the *Medical Record* of New York, on the subject of patent instruments.

The position of the editor appears to be similar to that of a professor of surgery, who stated to me that he would not *look* at an instrument patented by a physician, and would not *use* one, even if he could not otherwise benefit his patient; and the editor excludes every medical man known as a patentee from the privilege of his columns. If such positions are consistent, I am at a loss to know the meaning of absurdities.

The unjust and inconsistent position of a section by which these men were doubtless inspired, may be found in the code of medical ethics, ch. 2d, art. 1st, and sec. 4th, wherein a physician who is a patentee, is classed with the dispenser of nostrums. It would seem entirely superfluous to an intelligent mind, to state that nostrums are not properly admissible in the category of patented instruments, had not *a dog in the manger-style* of impropriety been admitted in one code, through the coöperation of the heedless and unscrupulous; for an honest discriminating mind never suggested such an illiteral idea. In regard

to nostrums, we are asked to adopt the use of a compound without the least knowledge of its composition, to which the intelligent and conscientious physician can never yield, although pecuniarily advantageous; for without knowing the properties of a compound, the life of a patient might be destroyed; experience has taught us that certain medicines may be employed under certain circumstances, and prove beneficial to health, but under different circumstances, destructive to life. As regards patent instruments, the *reverse* is the case; for here we are first asked to examine the construction of the instrument, the minutiæ of its action, and the principle upon which it acts; the important object of the patentee being to have every particular as well understood by the profession as by himself; the physician using his own judgment in regard to its merits, and the benefit to arise from its use. It appears to me that a few moments' reflection will convince an ordinary mind, that the aforesaid portion of section 4th should, from the principle of justice, be eradicated from the code of what is claimed to be a "liberal profession."

In the organization of our United States Government, the main object was to establish justice, promote the general welfare of ourselves and posterity, and advance the progress of science; thus the framers of the constitution foresaw the necessity of inserting in the *first* article a provision giving Congress the power to secure for limited times, to *authors* and *inventors*, the exclusive right to their writings and discoveries; Congress perceiving the justice of this wise provision, and the general advantage to accrue therefrom, happily complied with this constitutional measure, by passing a corresponding act, whereby authors and *inventors* are, to a certain extent, secured from loss of time and money expended, to perfect and insure the practicability of their writings and discoveries; no prohibition to any citizen of the United States was adopted or recommended; in which justice and equality prevailed.

The editor, in his elaborate editorial, introduced things which have no bearing upon the subject of patent instruments, and without any point for criticism; to the most of such, no further reference will be made. That his position might be well understood, he stated that he merely proposed to *interpret* the views of the majority of the medical men in civilized countries; although it may seem somewhat illiberal in me, the question naturally arises in my mind, whether this may not be rather an extensive assumption on his part, and that the profession which he professes authoritatively to represent, may not question the correctness of his interpretation. Had he not claimed to be their representative, I would have supposed but few, if any intelligent physicians could have adopted his position, after examining the subject in all of its bearings. Why one physician more than another should be constrained to give his money, which is the product of expended time and practical intelligence, is yet to be logically explained. Is productive intelligence in the medical profession a crime for which punishment is to be inflicted upon the producer?

The main, if not the only object the writer apparently had in view, was to insult, and treat with contempt any physician who might have genius enough to invent a valuable instrument, and legally and honorably accept by way of a patent, the protection granted through the wise provision of our constitution and corresponding act of Congress, against losses which might have otherwise occurred, for the capital necessarily expended—whether brain, time or money—for the protection of such improvement. The impropriety of his position, which corresponds to *more* than the full extent of said article in the code, appears still more absurd, when we take into consideration that he seems to think physicians, who are medical *book* inventors, (authors), after having protected themselves by this *same provision*, and virtually in the *same* manner as surgical instrument inventors, have committed nothing inconsistent with the rules of professional dignity, or in contrariety with the medical code. How in the name of justice one can discriminate between the two, I cannot perceive. Such contemptible partiality cannot be viewed with the least allowance by the noble and intelligent portion of the profession. It is quite probable that the keenness of his perception questioned the propriety of touching this point of discrimination, because of his medical knowledge, all having been derived from patent writings; for doubtless every valuable medical book in his library is, to all intents and purposes, a patented book. In view of these facts, the strictly conscientious editor must have blushed with shame to mention "liberal profession," and "prostitution of talent." Has he exhibited liberality? and who else have prostituted their talent? While the inconsiderate and unscrupulous are expected to advocate the views of *seeming* majorities, we are surprised that such equitable sensibility should adopt the same course: but to quiet our almost agitated mind, charity

nobly suggests that unsuspected innocence seldom intimates discrimination.

He states that *every* person who makes a discovery, has a *natural* desire to profit by it pecuniarly, which I will not attempt to controvert, as the position is universal and reasonable. Man without this capacity would have been incapacitated to fulfil the law of nature, which solicits self-protection; yet the consistent editor would have the *proscribed* physician violate this very law, by forcing him to "sacrifice" his time and money "upon the common altar of humanity, receiving only in return the consciousness of having performed an agreeable duty." I need not inquire whether the author of the proposed sacrifice is willing to have the spirit of his theory practically applied to himself; or whether the peculiar element with which his mind seemed to be so deeply imbued, has not had a corrupting influence upon his own business affairs, for I am not able to discover that his beneficence has been extended beyond that of ordinary physicians and editors. I believe he requires pecuniary payment for his time and money expended, like others in the profession; even his confreres have to pay him for the unjust article to which I have referred. It appears to be much less difficult for him to state rules by which he would govern others, than to apply them to himself. His theory of certain physicians being so constituted as to be able to completely counteract this pecuniary desire, which he states is *natural* in mankind, seems to indicate for this peculiar class of physicians, a quality, or virtue, co-equal with him who is considered the Saviour of the world; therefore, should gratuitously consecrate all their time for healing the sick, and benefiting humanity generally; but as *they* claim for *themselves* humanity only, it is not perceived necessary for a prohibitory enactment for *his* especial gratification, as the *natural* and equal professional laws cover their demand. There are extremely few who make pecuniary affairs a secondary consideration; and for the very good reason that it would be antagonistical to the *natural* law to which we have both referred, and by which life is indirectly sustained. It is generally conceded that ministers of the gospel are more exemplary than others; do they make pecuniary matters a secondary thing? they do not, and why should they, for they are only human, and are therefore governed by the same law of nature; whoever disobeys it must expect to suffer the penalty; and it is generally practically admitted, that the wider the sphere of D. D., M. D., or any other class, the higher the pecuniary reward; which is not only adopted as a reciprocation and reward for merit, but to encourage the production of superior talent: the principle is proper and progressive, complying with the natural desires of man, therefore cannot be suppressed with clogs of arrogation. "Very few if any instrument-makers have a desire of patenting any devices of theirs." The probable reason is, that they are too conscientious to take the required oath; for they are aware of their indebtedness to the physician and anatomist for all their essential points of improvement. We are not sure that the physician who may "wish" an article for his own use, might not avail himself of the skill of of the instrument-maker to make it for him." What a queer position, as though it was an unknown thing for physicians to get instruments made by instrument-makers; who else, in the name of reason, would they expect to have make them?

Now the question naturally arises, how a physician is to live if he happens to be an inventor, and is not allowed legally and honorably to protect himself against loss of time; after expending all his pecuniary products for perfecting the instrument, he cannot manufacture the article, for he has no security upon which to obtain credit; the manufacturer and speculator will *neither* give him a farthing for his valuable discovery, because the inventor has no patental protection; *they*, therefore, commence manufacturing without even thanking him for his money, saying nothing of the brain capital expended; all they require is what the editors' non-protectional plan grants them: although the physician may be overflowing with inventive genius, by which capitalists are securing fortunes, and humanity generally to a great or less extent are partaking of the advantages of his researches, *he* is precluded from applying the products of his industry for his own sustenance; thus he is compelled to wholly depend upon the tender mercies of selfish humanity; admitting the editor as a fair sample, from his own showing, the inventor, although rich in talent, would necessarily become a beggar in the street; but this not appearing to satisfy his keen perception for *justice*, and his heart almost bursting with sympathy for his professional brethren, he closes his *logical* position, after having expended through his *premium* journal his superior talent for degrading his wayward brother, by affectionately stating that they shall not have the privilege of his (lordly) columns for defending themselves from his own vituperative attack. If he is the real "interpreter" and these are the views and wishes of a

"majority" of a "liberal profession," from such membership may God deliver us!

That this constitutional protection "seems to be necessary as a matter of mere trade" I cannot admit; it was not so intended by those who secured the provision, and is not thus considered by the patentee; its purpose was to comply with the demand of justice, by an act of reciprocity, and also to encourrge inventive industry; thereby prove a benefit to humanity.

"A patent is a direct insult upon the judgment of the profession, in that a person or persons presume to be alone competent to manufacture." Why an intelligent mind should adduce such presumption I cannot perceive; furthermore, contrary to his statement, a patent has not the least bearing adverse to any one thinking for himself, investigating, experimenting, and developing his own idea; for the physician who is a surgical instrument inventor and patentee, places the greatest dependence upon the independent thinking physician, he who is capable of investigating, properly discriminating, and *dares* to publicly defend merit, and protect the meritorious. Inventors I think are generally full believers in the right of independent thinking and acting; being guided by their own inspirations, consequently reject impracticable theories and exploded dogmas. That one who has reached so near the achmeal point of professional fame, as to become the "*interpreter*" of the majority of the medical profession in civilized countries, should choose to stand directly in opposition to the genius and spirit of the free institutions of this enlightened age, is *fearfully* wonderful; it will doubtless be *deeply* regretted by the progressive portion of our profession. D. L. D. Sheldon, M. D.

*New York*, 710 *Broadway, Jan.* 10, 1869.

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### A Complicated Case.

Editors Med. and Surg. Reporter:

An unusual complication of maladies occurred a short time since, in the case of Mrs. D., of this place. This lady, having just passed her second accouchement, was still confined to her lying-in chamber by a dull headache, pains in the back and lower limbs, and was unable to sleep at night. These gradually increased until she was about to take her bed again, and proved, as will be seen, premonitory symptoms of typhoid fever.

In this condition, she attempted to rekindle a fire by pouring coal oil from a can upon the embers; an explosion instantly followed, and the burning oil was thrown into her face, and over her dress. Her husband, being in the house at the time, was attracted by the explosion, and finding her enveloped in flames, extinguished them with difficulty. By his timely interference, the burns were confined to her arms, extending from each wrist to the elbow, over the right side of the face, across the forehead and eyelids, entirely denuding the skin in its extent. In her already prostrate condition, this accident produced great collapse.

On the second or third day after, my attention was directed to the peculiar character of the pulse, which seemed to combine feebleness and frequency, with intermissions and great irregularity. It was such a pulse as would indicate extreme prostration and collapse; but as it was unaccompanied with any other evidences of this extreme state, I made a further investigation, and discovered it to be consequent upon an organic disease of the heart. The patient then informed me that she had suffered severely from an attack of rheumatic fever about six years before, at which time she felt pain in the region of the heart, as well as the joints, for several months; and has since been unable to take active exercise without suffering great shortness of breath. During the second week of her present illness, this condition of her heart grew to be the most prominent and distressing feature of the case, causing paroxysms of great dyspnœa.

At the same time, typhoid fever was prevalent among us to a considerable extent; and, notwithstanding the premonitory symptoms already referred to, and the fact that her sister, who was staying in the house, was then lying sick of that disease, I still regarded the typhoid manifestations due to the constitutional effects of the burn, as reacting upon the lying-in woman; but after the severity of the burn had begun to subside, there was still a gradual increase in the general symptoms, and it thus became obvious that they did not sustain the relation of cause and effect. The existence of typhoid fever was then determined upon, and this opinion was fully verified before the conclusion of the case.

We have here then, represented in the same case, 1st. Organic valvular disease of the heart. 2d. Veritable enteric or typhoid fever; and, 3d. An extreme burn, occurring at the same time in a lying-in woman; and, from this unfortunate association of grave maladies, the prognosis, as might be supposed, was most unfavorable, but after a long siege, I am pleased to state that her recovery is as perfect as before her late illness.

The treatment of this case, besides sustaining the patient, was directed more particularly to the condition of the heart and the burn. The extract of belladonna, and the pulv. digitalis produced a

very marked influence over the broken rhythm of the heart's action, thus preventing, in a great degree, those dangerous and distressing paroxysms of suffocation, which had so violently threatened the life of the patient.

There is one other point in the treatment of this case that is worthy of mention, viz., the application to the burn of carbonate of lead, linseed oil, and carbolic acid, in the form of paint—the same as recommended by Professor GROSS—with the addition of the acid, which prevented the dressing from becoming offensive, thereby avoiding the necessity of frequent dressing and exposure. It moreover evidently expedited the healing process. The hands of her husband were both severely burned in his efforts to extinguish the flames, and under the same application rapidly healed. T. W. SIMMONS, M.D.

*Hagerstown, Md.*

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### Ira Day, M. D.,

EDITORS MEDICAL AND SURGICAL REPORTER:

"Light be the shadow of thy tomb!
May its verdure like emeralds be;
There should not be the shadow of gloom,
In aught that reminds us of thee."

Dr. DAY died at Mechanicsburg, Pa., after a brief illness, of pneumonia, on the 27th ultimo, at the advanced age of 70 years. Overcome and subdued by the grim monster—the same common foe—whose attacks upon many others he had so often successfully repulsed, he sleeps the sleep of the illustrious dead, and patiently awaits, with the millions of earth "who have gone this way before him," the sound of the last trump.

The Doctor was born in the town of Royalton, in the State of Vermont, in the year of our Lord, 1799. Approaching manhood and having attended the common schools of his town and neighborhood, he entered the "Royalton Academy," and spent two or three years in it, in the study of the Classics, the higher branches of Mathematics, etc. Having thus acquired a liberal education, qualifying himself for usefulness in life, he came to Harrisburg, Pa., where he opened, in 1823, a select school or Academy, in which he continued successfully to teach for two or three years, during which he devoted a portion of his time to the study of medicine, with the late Dr. LUTHER. Completing in this way his preparatory training for the profession of his choice, he returned to his native State in 1826, and entered the University of Vermont, receiving the degree of Doctor of Medicine in 1827.

Thus prepared for the arduous and responsible duties of the medical profession, in the fall of the same year, he returned to Pennsylvania, locating at Mechanicsburg, where, until within a few days of the time of his decease, he continued for forty-one long years to engage in the practice of medicine and its collateral branches. Possessed of a vigorous body and a generous heart, he was always quick to respond to the calls of his patients. Naturally tender-hearted and amiable, as well as skilful in the adaptation of means to ends, he was ever a most welcome visitor and acceptable companion in the sick room, in the most trying emergency and in the most trivial ailments. With his medical brethren he was on terms of the closest intimacy, and held in the highest esteem. His counsel and encouragement were frequently sought by them, not only in ordinary intercourse but in formal consultation; especially by the young practitioner, to whom he never refused to give the benefit of his knowledge and experience. And there are many now successfully engaged in the practice who are proud to think of and refer to him as their preceptor, as the sympathizing friend and wise counsellor, who took them by the hand and prepared them, by patient effort, for higher attainments and future usefulness in the profession, to which he devoted his time and talents. From its organization to the time of his death, he took a deep interest in the Cumberland County Medical Society, of which he was a respected and useful member and, at the time of its death, its honored president.

As a citizen none was esteemed more highly than he. He took a lively interest in every improvement calculated to promote the general welfare. A man of indomitable energy and sound judgment, his influence, once obtained in behalf of any important project, was always equivalant to success. The education of youth was a question which received much of his attention and always had in him a firm supporter and advocate. Thus the common schools, academies and colleges shared alike his friendship—serving long in the one as director, in the others as trustee. As a member of the church—the Methodist Episcopal—he was consistent and influential, always giving the weight of his influence in favor of Temperance, Morality and Religion.

But it was in the family circle, that all the graces and virtues of the Christian and gentleman shone more brilliantly and were at all times exhibited by him. He was, of a truth, a most exemplary and affectionate husband and father. It is here that the loss is naturally most keenly felt—here that sorrow is unalloyed. They do not, however, mourn as those who have no hope,

for the exchange is to him one of immeasurable gain—"joy unspeakable and full of glory."

"*Resquiescat in pace.*" G. W. H.

*Newville, Dec.* 24, 1868.

# News and Miscellany.

### Schuylkill County Medical Society.

At a regular quarterly meeting of this society, held at the Council Chamber of the Borough of Pottsville, January 6th, 1869, the following named officers were elected to serve the ensuing year:

President—James S. Carpenter, M. D., of Pottsville.

Vice-President—John G. Koehler, M. D., of Schuylkill Haven.

Secretary—Charles J. Palmer, M. D., of Pottsville.

Corresponding-Secretary—George W. Brown, M. D., of Port Carbon.

Treasurer—D. Webster Bland, M. D., of Pottsville.

### The Medical Students of Paris.

It is stated on imperialist authority, which cannot be doubted—that of M. Paul de Cassagnac, in the *Pays*—that twenty invitations to Compiégne were sent to students of the School of Medicine; but they all, in succession, pleaded the pressing preoccupations of professional study, and none of them accepted the proffered mark of Imperial condescension.

### Musical Wonder.

The *Vicksburg Times* says: "We listened the other evening to a musical wonder that eclipses Blind Tom. We refer to a negro girl, raised in Hinds county, and as a pianist she certainly excels anything that we have listened to. This girl, Emma, is about eighteen years old, is as black as the ace of spades, and does not know a single note and cannot spell the simplest word. She was a house servant, and as such was permitted to play upon the piano. She can play any piece, however difficult it may be, after hearing it played; and her accuracy and delicacy of touch is really something very remarkable. For the past two years she has been employed as a field hand, and had no opportunity of playing or listening to others play. Her performance on the piano is astonishing, as well for accuracy, delicacy of touch, and brilliancy of execution. She can play anything she has heard with marvellous facility, and never seems weary of the instrument. We understand she will make a a tour through the United States and Europe."

*[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

## MARRIED.

Coker—Spencer.—In Nashville, Tenn., Dec. 31st, Dr. Henry Ward Coker, of Richmond, Va., and Mrs. Susan E. Spencer, of Cincinnati, Ohio.

Eaton—Townsend.—In this city, on Dec. 28, by the Rev. Wm. H. Furness, Thomas A. Eaton, of New York, and Belle Fawcett, daughter of the late Dr. Charles Townsend, of this city.

Hodge—Woolsey.—In New York, Jan. 7th, by the Rev. Geo. L. Prentiss, H. Lenox Hodge, M. D., of Philadelphia, and Harriet Roosevelt, daughter of the late Charles W. Woolsey, Esq., of New York city.

Jones—Hines.—Dec. 26th, Dr. H. O. Jones, of Warren co., Ohio, and Miss Mollie Hines, of Logan co., Ohio.

## DIED.

Miller.—In New York, Jan. 5, after a long illness, Dr. Jacob S. Miller, in the 76th year of his age.

Moore.—In Coldwater, Mich., at the residence of his son-in-law, S. A. Harrington, Dec. 23d, 1868, H. A. Moore, M. D., aged 78, formerly of Manlius, N. Y.

## WORDS OF CHEER.

*Dr. C. B. M., Indiana*, writes:

"I have received the Pocket Record. I have used another heretofore, and was not satisfied with it, and had come to regard all books of that description in about the same light, but I am happy to say yours is vastly superior to any I have ever seen, and I only fear I shall feel by it as I do by the Reporter, that once having used it, I can never dispense with it. The list of new remedies, of medicines and their prices, is worth the cost of the book where druggists are disposed to charge such exorbitant prices as they are here, not to mention the other valuable matter it contains. You are to be congralulated for the success which attends your efforts for the advancement of the interests of your professional brethren."

*Dr. F. A. S., Missouri*, writes:

"I am very much pleased with the Pocket Record, and, in fact, I would feel that there was one thing missing of much value to me, if I should fail to receive either the Reporter, Compendium, or Record."

*Dr. J W. M. S., Mississippi*, sends several new subscribers, and says;

"Your Reporter and Compendium are decidedly the best published in this country."

## ANSWERS TO CORRESPONDENTS.

*Dr. H. C. M., of Ky.*—You should direct your inquiries about the Army Medical Board, and the qualifications required in candidates before it, to the Surgeon-General U. S. Army, Washington, D. C. He will send you a circular containing the desired information.

*Dr. W. T. C., of Ky.*—Camphor is classed among the galactophygæ, and undoubtedly on abundant evidence. It may be powdered and rubbed up with lard, or used in the tincture. About your second question we know nothing more than is the property of the profession.

## METEOROLOGY.

| December, | 28, | 29, | 30, | 31. | J. 1, | 2, | 3. |
|---|---|---|---|---|---|---|---|
| Wind | S. W. | S. | N. E. | N. E. | N. E. | N. E. | N. E. |
| Weather | Clear | Cl'dy. | Cl'dy. Snow. | Cl'dy. | Cl'dy. Rain. Sleet. | Cl'dy. Rain. Sleet. | Cl'dy Rain. Sleet. |
| Depth Rain | | 1-10 | | | | | |
| *Thermometer.* | | | | | | | |
| Minimum | 19° | 20° | 22° | 22° | 25° | 14° | 16° |
| At 8, A. M. | 31 | 31 | 31 | 32 | 33 | 23 | 33 |
| At 12, M. | 38 | 34 | 32 | 35 | 34 | 25 | 35 |
| At 3, P. M. | 43 | 35 | 32 | 35 | 30 | 26 | 36 |
| Mean | 32.75 | 30. | 29.25 | 30.75 | 30.50 | 22. | 30. |
| *Barometer.* | | | | | | | |
| At 12, M. | 30.1 | 29.9 | 30.2 | 30.1 | 29.8 | 30. | 30. |

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Directions.—For an adult, a dessertspoonful to a tablespoonful may be taken three times a day, before meals. Children in proportion to their age.

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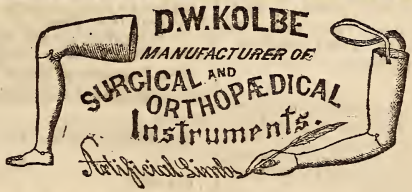


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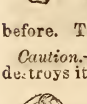
*Caution.*—Hot water or any other heat above blood heat destroys it. *Price*, $2.00.

CUP.



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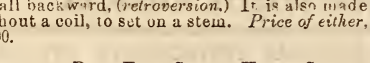

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THE

# MEDICAL AND SURGICAL REPORTER.

No. 621.] PHILADELPHIA, JAN. 23, 1869. [Vol. XX.—No. 4.

## Original Department.

## Communications.

### A CASE OF CATARACT ATTENDED WITH COMPLICATIONS IN THE OPERATION.

By Wm. Mason Turner, M. D.,

Of Philadelphia.

In June last (1868) I was consulted by Mrs. S., residing in the State of New Jersey, in regard to some affection of the eye. On examining the organ with an ophthalmoscope, I detected an opacity in the line and to the rear of the pupil. With the aid of the ophthalmoscope and lens, and keeping in mind the differential diagnostics in the premises, I determined to my own satisfaction the presence of a cataract. What its precise nature, hard or soft, I could not satisfy myself fully. The opaque lens, on its anterior face, had, in certain lights, the dark-yellowish hue peculiar to hard cataract; at other times and in other lights, it showed the peculiar pearly aspect of the soft variety of the affection.

I saw the lady several times; she, in the meantime, telling me that the physicians in her place of residence had informed her that she had cataract, but being unable to determine precisely its nature, declined to operate. The patient was not, at the time I saw her, in a condition physically to warrant an operation. She had a strumous, broken-down look, and was quite weak withal. Without committing myself as to a positive diagnosis, I prescribed a tonic alterative mixture and generous food, and requested the lady to return to the city, to see me, in the fall. She presented herself to me on the 10th of November last, appearing in much better general health than when I saw her in June.

On examining the cataract again, I found certain changes had taken place, the lens looked smaller, if anything, than it did before, and was much darker and yellower. I diagnosed it to be *hard* cataract, and proposed an operation—that of extraction. She willingly consented; and on the following Tuesday, accompanied by Dr. J. Solis Cohen, of this city, I proceeded to the house.

Dr. Cohen examined the eye closely, and pronounced the cataract to be hard. He advised the operation of extraction. There were several hindrances to an easy operation in the case: the eye was much sunken in the socket, the malar bone prominence very high and "in the way," and the cornea was very flat. Yet I did not consider these drawbacks sufficient to let the operation go by default. I began by entering the knife (Beer's) and proceeded step by step in the operation *secundem artem*. I made the superior flap successfully, and allowed the eye to close for a moment. On examining it cautiously again, to my chagrin, I saw that the cataract showed no disposition to move. Gentle pressure on the inferior portion of the globe did not stir it. I fancied my flap was not free enough. So gently replacing the knife, I was proceeding to extend the incision a line or two downward, when the thought occurred to me to rupture the capsule. I touched the anterior face of the lens slightly with the knife, when, as if by magic, the entire structure broke up. I saw at a glance the true condition of affairs. It was a *mixed* cataract—the anterior portion, or the capsule, being hard, the rest soft. I determined to make the best of it, and cut through the pupil into the gelatinous mass as well as I could with the knife, and then introduced a curette through the same opening, and finished it. I was compelled to work in a hurry, and had to meet with several troubles—the displacement of the iris being the chief.

I closed the eye as quickly as I could, put on a light compress and bandage, placed the patient in bed, and ordered a half-grain of morph. sulph. Then the real trouble began. A parotid abscess of enormous size supervened, and then erysipelas. The woman was prostrated; yet I feared tonics and strong food, on account of dreaded inflammation in the eye. I was between two fires, as can be understood on a moment's reflection. I was finally compelled to open the abscess twice, and at last had to resort to iron, to arrest the erysipelas.

The case, despite these drawbacks, did well. On examining the eye ten days after the operation, the patient said "she could see better."

I have no doubt that with proper cataract glasses, the sight will be much improved. She left for home ten days ago.

## JAUNDICE CONNECTED WITH PERSISTENT VOMITING.

By William Ekwurzel, M. D.,
Of Philadelphia.

The occurrence of jaundice in cases of persistent and long-continued vomiting, where the principal trouble seems to be seated in the stomach, and where there are no other signs of hepatic disease, is doubtless familiar to all practictioners. Impressed with the belief that the liver is not always at fault in these cases, that the jaundice is neither to be attributed to organic or functional disease of that organ, nor to obstruction of its ducts, unless other signs of these conditions be present,—the subject has appeared to me worthy of some study.

Watson speaks of jaundice occurring in this connection, and accounts for it by supposing that a fold of the mucous membrane of the duodenum is pushed up, during the acts of vomiting, in such a manner as to obstruct completely the orifice of the common duct. That this can occur seems highly improbable, to say the least, and the explanation is altogether unsatisfactory; but admitting, for the sake of argument, that it could take place, how could we then account for the presence of bile in the vomited matters? The vomiting is always markedly biliary in the cases under consideration, and, indeed, in nearly all cases of long-continued vomiting. The dejections also afford unmistakable evidence of the presence of bile, by their dark color and natural odor. The theory, then, of obstruction of the duct is wholly untenable so long as there is an abundance of bile in the matters vomited, and a proper proportion in the dejections, as manifested by their color and odor.

In seeking the cause of the jaundice in these cases I have been led to conclude, and would suggest as highly probable, that, in the violent acts of vomiting, the contents of the duodenum, impregnated with bile, pass up through the pylorus into the stomach, by a reversed peristaltic action of the bowel; and are thence partly discharged by vomiting, and (some portions still adhering to the mucous membrane,) partly *taken up by the absorbent vessels of the stomach*, the coloring matter of the bile being carried in the circulating current to all parts of the body, thus giving rise to the jaundice.

In cases of uræmia, in which nature so often institutes vomiting as a means of vicariously eliminating the poison from the system, I have seen jaundice come on and persist until the function of the kidneys was again restored, when, the vomiting ceasing, the jaundice would also disappear. If then, in a case of this kind, we direct our therapeutics to the irritable condition of the stomach, from whatever cause it may arise, and allay the vomiting, the jaundice will speedily disappear of its own accord, and so still further confirm the diagnosis.

The so-called cholagogue cathartics, and particularly those of vegetable origin, simply increase the trouble by their irritant action on the gastro-intestinal mucous membrane.

## DEPRESSED FRACTURE OF SKULL.

By M. M. Bundy, M. D.,
Of Eagletown, Ind.

Emma I——, aged seven years, of feeble habits, nervous temperament, was struck by a piece of timber, some 18 feet long, 8 inches broad, by 2 inches thick (which was being used as a lever to raise a building, and swung around toward the house, the end farthest from the building striking the little girl with great force), on the left side of head. I was hastily summoned to the case, Nov. 3d, 1868. Found breathing irregular, very laborious, and about ten respirations per minute; pulse imperceptible at wrist; extremities cold, totally unconscious, left side of face and head badly contused; found a depression of the skull behind and above the left ear, which measured 2¼ inches by 2 inches; giving an area of about four square inches. The depression was so marked that the finger could be passed around the fracture on the edge of bone contiguous the injury.

The symptoms indicated a speedy dissolution, and under the unfavorable circumstances I simply directed warmth to the extremities and cold applications to the head.

Nov. 4th. No improvement in general symptoms; extreme ecchymosis of eyelids and face. Treatment continued.

From the 4th to the 8th I discovered no material change in the pulse, breathing or other symptoms; and accordingly continued warmth to the extremities and cold applications to the head, during that time. Since the injury to 8th, a period of four days, deglutition had been performed

with great difficulty; and during all that time only a few spoonfuls of milk or soup had been swallowed.

Nov. 9th. Complete paralysis of right side; patient continues unconscious, a partial reaction, head and face in region of injury swollen, and assuming an erysipelatous form of inflammation; ecchymosis of eyelids and face unabated. Prescribed six drops tinct. chloride of iron every four hours.

Bowels to be moved by enemata; ice water to the head.

Nov. 10th. No improvement in general symptoms. Reaction coming up very feeble. Continued treatment directed yesterday.

Nov. 11th. Circulation rather better, pulse 50 per minute, breathing about 15 inspirations per minute. Decided to operate and elevate the depressed portion of skull. Counsel was called, and after consultation we proceeded to make an incision near the inferior posterior angle of the fracture, when a quantity of effused blood (about four ounces) escaped. After a careful examination of the injured parts, we concluded to desist from further surgical interference, at least for the present. We found almost the entire parietal, and a small part of the occipital bones depressed about one quarter of an inch below its position. Considering the extreme feeble habits of our patient, and the shock the system had already sustained, and from which it had not yet sufficiently rallied, she would not likely survive the operation of trephining and elevating the bone.

Nov. 12th. Patient remains unconcious. Circulation slightly improved in force and frequency, breathing more regular, head preternaturally warm. Continue ice to head, and prescribed:

| | | |
|---|---|---|
| R. | Nitrate potash, | grs. xv. |
| | Tartar emetic, | grs. v. |
| | Water, | f.℥ ij. |

M. Half teaspoonful four hours apart. Bowels to be evacuated by enemata.

Nov. 13th. Patient apparently better, has slight use of right leg, arm entirely useless. Continued treatment.

14th, 15th, 16th. Continued insensibility to surrounding objects, swallows small quantities of soup or milk, a very slow and continued improvement of the vital powers; has not articulated since injury; ecchymosis rapidly disappearing.

From the 16th to 22d the general improvement has been more marked; begins to take notice of persons who visit the bedside, makes repeated efforts to articulate, right arm continues paralyzed.

From the 22d up to present writing, Dec. 7th, 1868, there has been decided improvement. The patient is now able to sit in an easy chair an hour with but little fatigue, can articulate most words and even sentences. Appetite good; circulation normal, and is most certainly convalescent.

## ANEURISM BY ANASTOMOSIS OF THE EAR; LIGATION OF THE COMMON CAROTID ARTERY WITH SILVER WIRE, AND THE WOUND CLOSED OVER IT BY THE FIRST INTENTION.

By NATHAN BOZEMAN, M.D., of New York.

Reported by D. W. HAMMOND, M.D., and A. L. C. MAGRUDER, M.D.,

Of Macon, Georgia.

Miss Sarah Rockwell, aged —, was born with a congenital nævus of the left ear. This tumor continued to increase gradually until it attained a considerable size—the ear was probably *six times* as large as the right. It had a red appearance and pulsated from earliest infancy. The pulsation continued to increase in force until it developed a formidable anastomosing aneurismal tumor. The integuments gave way about three years ago, which was followed by a considerable loss of blood, since which time she has had four frightful hæmorrhages. The last took place on the 10th July, 1867, and came very nearly terminating her life. She was greatly prostrated, pale and anæmic. Pulse 120. The constant dread of a recurrence of another hæmorrhage, produced great nervousness, from want of sleep. On examination of the vascular tissue, it presented a dark and unhealthy appearance, and had the aneurismal thrill, throughout its whole extent. The temporal artery imparted a whizzing sound to the touch, and was about the size of the index finger. The occipital and other vessels running into it were much enlarged and tortuous. Several leaden nodes or rather elevations of different colors were observed upon it. The integuments were attenuated, and having the appearance of early rupture at several points. The point from which the last hæmorrhage proceeded was on the anterior aspect of the ear, midway between the helix and antihelix, which is sometimes denominated fossa innominata. The ear was very much distended from an effusion of blood into the areolar tissues. On consultation we determined to ligate the primitive carotid. But learning that Dr. NATHAN BOZEMAN of New York, was in the city, we postponed the operation until we could get the benefit of his views on

its propriety. A messenger was sent for the Doctor, and he arrived in a short time, and after a thorough examination of the case fully concurred with us—that the artery should be taken up. And by our particular request he kindly consented to perform the operation.

The patient was confined in the usual position, and placed under chloroform by Dr. Castlin. The Doctor now cut down upon the artery—in the triangular space,—and *carefully, cautiously and skilfully* laid bare the vessel and tied a silver wire ligature around it. The ends of the wire were then cut off close and the wound closed over it. The pulsation, throughout the whole extent of the aneurismal tumor, instantly ceased. The patient stood the operation well, and had a good recovery from the effects of the chloroform. She was entirely unconscious of the operation. Pulse 100, full and regular. The operation was performed at 10 o'clock A. M.

July 12. Saw her at 12 M., and again at 6 P. M.—resting quietly from one-third grain morphine given her by Dr. Magruder, immediately after she was placed in bed.

13th, 9 o'clock, A. M., saw her with Drs. Bozeman and Magruder; rested well during the night, without sleep, however. Skin moist, pulse 95. Temperature of the right (sound) side of the face 92° Fah.; left aneurismal side, 90°. Complains of sore throat, and has a difficulty of deglutition. Ear and surrouuding parts reduced in size, and the doughy feel much less—from coagulation of the blood in the aneurismal areolar tissues. 6 P. M. doing well, gave one third grain morphine; slept well during the night, pulse corded, temperature, sound side 95°; diseased 92.°

14th. Feels well comparatively, drank some soup, and ate the leg and liver of a small chicken, and a half cup of tea.

15th. Ear sore and tender this morning, and very sensative, pulse 100. Skin clammy, and the ear erysipelatous; temperature of diseased side, 91°, well 96°; difference 5°. Removed the compress and bandages which were applied immediately after the operation. Ordered warm brandy as a lavement, and directed thirty drops of the persesqui-chloride iron to be given three times a day. Whiskey toddy, generous diet, etc. 6, P. M. Pulse 120, temperature—well side, 98°, disease, 94°—feels comfortable; wound looks healthy and uniting. Ear red and tender. Erysipelatous vesications drying and disease giving way.

16th, 9, A. M. Pulse 98, temperature—sound side, 94°—diseased, 90, has slight headache otherwise feeling well. Ordered an enema of salt and water, supposing the headache proceeded from constipation, having had no evacuation since the operation.

17th. Enema operated well, and feels much relief this morning. Pulse 100, temperature sound side 94°—diseased 92°.

18th, 9, A. M. Quite cheerful, has a good appetite, and sat up a short time this morning. *Temperature equal, 92° on each side.* Tumor condensing and much diminished in size.

19th. We neglected to mention that the wound was brought together by five silver sutures, which we removed to day—wound united. She continued gradually to improve from this time, and in the course of a week or ten days, was walking about the house. *She had a perfect and satisfactory recovery.* The aneurismal ear and surrounding parts were not as yet of the normal size, and probably never will be, from the long continuance of the disease; they are, however, still diminishing.

We were induced to publish this interesting case on account of the artery having been ligated with *silver wire*, which we think has established the fact that *silver* is *innoxious*, and that when left in the flesh, is no impediment against adhesion or union by the first intention. And we are also inclined to the opinion, that it is the best and safest ligature that can be used, especially on large vessels.

# Medical Societies.

## BUTLER COUNTY (O) MEDICAL SOCIETY.

The Butler County Medical Society met in the court room January 7th, 1869. The President, Dr. C. Falconer in the chair. A very full attendance marked this meeting as one showing both the interest of its members and the prosperity of the Society. Order of business:

Minutes of last meeting read, approved and accepted. Election of officers for 1869:

W. W. Caldwell, President; John Corson, Vice-President; H. Beauchamp, Secretary; Wm. Huber, Treasurer; C. Falconer, J. S. McNeeley, E. L. Hill, Censors.

New members received: E. L. Hill and H. Saunders, of Oxford and J. C. Patchell, Hamilton.

After receiving the report of the Treasurer, the society adjourned, on the invitation of Dr. Huber, to partake of the hospitalities of himself and family, in the shape of a bountiful dinner,

prepared by the ladies of the family, which will long be remembered for the good feeling and evidences of enjoyment displayed during the time passed at their board.

AFTERNOON SESSION.

The following reports of committees were received: Dr. BEAUCHAMP, on the Microscope; Drs. HUBER, GALE and BEAUCHAMP, on Ethics.

Dr. JOHN CORSON reported a very interesting case, with the result of the operation resorted to during the treatment.

Drs. SCOBEY and HINCKLEY were appointed essayists for the April meeting.

Adjourned to meet at Oxford, April 1, 1869.

H. BEAUCHAMP, M. D., Secretary.

# EDITORIAL DEPARTMENT.

## Periscope.

**Bromide of Potassium in Laryngismus Stridulus.**

Dr. B. F. DAWSON, Lecturer on Uterine Pathology in the Medical Department of the University of New York, has the following useful article in the *Am. Jour. of Obstetrics.*

That the bromide of potassium is a valuable remedy for many diseases having their origin in some affection of the nervous system, is acknowledged almost universally, but that its power has been greatly overrated, and its utility in some diseases based upon mere hypothesis, is also a fact which cannot be denied. In view of these facts, therefore, it is advisable to be cautious in pronouncing upon its merits in the alleviation of certain affections, and it is only after repeated experiments with it alone on any one individual, or type of disease, that we can feel as to its merits. Enough, however, is known of its effects to enable us to rely upon it as a valuable remedy in certain diseases affecting the cerebral centres, and those due to increased reflex action.

It was on account of this acknowledged power which it possesses over spasmodic affections that I was induced to use it in the following case of *spasm of the glottis.*

About the 10th November, 1868, a little boy not quite four years old was brought to me by his mother, suffering from what she thought must be "croup." She stated, on interrogation, that about six months ago she first noticed that her child would occasionally be seized, whilst asleep, with a difficulty in breathing which would last but a few moments, and then the child would sleep as naturally as before. These attacks occurred in the beginning about once or twice a week, and remedies which she used gave no relief whatever; for at the end of four months the attacks had increased in frequency and severity, and often she thought the child would choke to death. During these attacks he would jump up in bed and stretch out his neck in his efforts to obtain breath, and his breathing was so loud as to be heard throughout the house. The spasm generally lasted but a few minutes. In this state he continued up to the present time, the paroxysms returning nightly for the last month, and no relief being obtained from the remedies used. In other respects, the child was quite well; he ate regularly, and was only allowed simple nutritious food, as had been ordered by her physician. His bowels were regular, and in the daytime he was as playful and bright as any child of his age. Examination of the child's head, chest, throat, mouth, etc., revealed nothing to account for the disease, and I therefore considered the case one of "Spasm of the Glottis," due to some one of the *many* nervous influences which sometimes give rise this affection, but as to what was the particular influence inducing it, I was unable to discover. With this opinion as to the disease and its cause, I was desirous of trying what effect the bromide of potassium would exert over these paroxysmal spasms, and accordingly, to this end I ordered the child ten grains of the salt every hour, from eight to ten P. M., the same dose to be repeated at the same hour for three nights, at the end of which time the child was again to be brought to me. I was not a little surprised to learn at the end of this time that the child had not the slightest return of the "spasm" from the first night the bromide was taken, and that its sleep and breathing were exceedingly easy. As the disease was evidently impressed by the prescribed treatment, I directed a continuance of the salt in the same doses for two nights more, after which time but one dose was to be given on going to bed, for two nights only, and the medicine was then to be dispensed with altogether. These directions the mother carefully followed, and for the last five nights the child has had no medicine whatever, but notwithstanding has not had the slightest return of the disease.

From the foregoing facts it is therefore evident that in this case the bromide of potassium certainly must have the credit of at least temporarily relieving an obstinate and dangerous affection, and although it is not safe as yet to consider the disease as cured, yet I may safely believe that the paroxysms have been completely broken,

for a time at least, by its action, and there is all likelihood that they will not return for some time; and when they do recur I may confidently rely upon the bromide of potassium as a powerful means for at once warding them off. The interest attached to this case is, that I do not know of any case of laryngismus stridulus in which the bromide of potassium has been used, and that consequently we may possibly find it a valuable agent in this disease; and as this salt is known to be efficacious over certain spasmodic or reflex actions, may not this disease, when due to nerve lesions, be made to yield under its judicious and persevering use? Its power, at least, is worth trial, and the above case I shall watch carefully, and rely solely on the bromide of potassium so long as I find it makes an impression on the disease.

It would not be out of place to mention that Dr. J. Russell Reynolds (*The Practitioner*, July, 1868), in a paper on the use of the bromide of potassium in spasmodic affections, says: That its efficacy is most marked when the malady is "paroxysmal;" and, according to Dr. Pletcher's observations (*Deutsche Klinik*, No. 10, 1868), "it excels all other drugs as a remedy for spasms and excessive reflex action of the nervous centres."

It may be quite probable that the effect of the bromide of potassium in the case cited above, was simply due to the *anæsthesia* it produces when given in large doses, as was done in this case, and not to any direct impression on the cerebral or ganglionic systems.

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### Red Line Around the Funis as a Sign of Retarded Birth.

Dr. J. B. Bond writes to the *Medical Times and Gazette:*

"Although it was, many years ago, a matter of controversy whether or not a pregnant women ever carried her child much beyond nine solar months, it is now, as you know, universally admitted that although a large majority do not vary much from two hundred and seventy days, it sometimes happens that the term of fœtal life is very much prolonged. All the plans hitherto recommended for recognising such cases have proved unsatisfactory. If the following case shall have the effect of pointing out a means more worthy of credit, my object in bringing them before the Society will be accomplished.

In the year 1849 I was sent for, on March 24, to see Mrs. W., who felt quite sure she had been pregnant some weeks more than nine months. I found her very large and very "clumsy," but without any signs of labor.

On May 9, I was again called to Mrs. W. She had, when she sent for me, some slight pains, but these had entirely subsided before I reached her place of residence, more than ten miles in the country.

On May 16, between her eleventh and twelfth month according to her own reckoning, I was again in attendance. I found the os uteri dilated, the membranes ruptured, and a natural presentation. After a long and painful labor she was delivered of a very large still-born male child—it had porished during labor. On examination I found encircling the umbilicus of the child, just where the funis joins it, a bright red ring less than two lines wide.

Since 1849 I have observed this red ring in three other cases, in all of which there were good reasons for believing that the children had been retained in utero beyond nine months. Only one of these children was still-born. Judging from my own experience only (for I have never seen or heard this red ring at birth referred to by others), I believe it always indicates retardation, and that in such cases it may always be found if carefully looked for.

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### Poisonous Dyes.

This question, which has been considerably agitated of late, has lately been discussed in the London *Times*, by Dr. Tarral. The subject of investigation was a sock.

"The sock is composed of three textile substances.

"1 and 2. A mixture of wool and cotton forms the violet ground.

"3. The red bands are in pure silk.

"The violet ground is colored with the violet of aniline, a color much used in dyeing. The discovery of it is due to Hofmann, of London. This coloring matter is prepared with aniline, which latter is obtained from benzine. The silk is dyed with fuchsine, a red of aniline, which is also prepared from aniline. The red coloring matter is pure fuchsine; it is not accompanied by any substance recognized as poison. It is to the fuchsine alone that the occurence can be attributed. Aniline violet and fuchsine are prepared by different processes. They constitute two processes which have not the same composition. It is remarkable that the violet of aniline, which is derived from benzine, should have no action, while that of the red of aniline should be so energetic; it is for science and the public to appreciate a fact so new and so important. In

presence of the circumstances described, and of the accident to Mr. M——, the question arises, how fuchsine, which has been used largely in dyeing for ten years past, has never been discovered to possess any poisonous property. The reply would be, that up to the present ttme it has been used only for articles of dress not coming in direct contact with the skin. The present is the first case in which I have met with fuchsine used for stockings. The stocking is, of all others, the article of dress brought most into contact with the skin, round which it is, moreover, compressed tightly by the shoe. I must remark also, that fuchsine is soluble in weak acids. Perspiration is acid, and is nowhere more profuse than in the feet, where, confined within the shoe, it is absorbed by the tissue of the socks.

"In conclusion, the accident to Mr. M—— shows clearly that fuchsine is poison."

Professor WANKLYN, in thé *British Medical Journal*, Oct. 10th, observes, in relation to arsenic in aniline colors:

"It is generally known that some of the old crude magenta cake and liquor which was in the market some few years ago, shortly after the first bringing out of the dye, was largely contaminated with arsenic. But it is not generally known, even to chemists, that much of the beautifully crystallized magenta used to consist of arseniate of roseine, being not, properly speaking, contaminated with arsenic, but actually consisting of an arsenical compound. In the early part of 1863, (assisted by Mr. ROBINSON, who was my assistant at that time) I made an examination of the beautifully crystallized magenta which was being manufactured at one of the largest coal-tar color works in Europe, and found it to be arseniate of roseine, apparently chemically pure. The following is a comparison between the calculated numbers for pure arseniate of roseine, and those actually found on making a combustion.

$C_{20}H_{19}N_3, AsO_3H$.

| | Theory. | | Found. |
|---|---|---|---|
| $C_{20}$ | 240 | 56.47 | 56.46 |
| $H_{19}$ | 20 | 4.70 | 4.91 |
| $N_3$ | 42 | | |
| As | 75 | | |
| $O_3$ | 48 | | |
| | 425 | 100.00 | |

"Both the nitrogen and the arsenic were determined; and though the numbers given were not by any means accurate, were still quite near enough to confirm the formula, $C_{20}H_{19}N_3, AsO_3H$.

"Since 1863 there have been great changes in the mode of purifying magenta; and I hardly think that this pure arseniate of roseine would be found largely to day. Still it would be rash to assert that this kind of magenta has entirely disappeared from the market. But, be this as it may, there is reason to fear that most of the magenta, and also all those common blues and violets which are made from it, are more or less contaminated with arsenic. To mend the matter, it is not generally known to chemists, but is nevertheless quite true, that the mere detection of arsenic in aniline colors is not always easy—even when large quantities of arsenic are present; the aniline colors having the property of masking the presence of arsenic to a very great extent."

Mr. WILLIAM CROOKES states, (*Times*, Oct. 16,) that arsenic has nothing to do with the effects described, as no arsenical compound, in connection with aniline dyes, has been sold for many years; and he observes that all the colors complained of contain one ingredient in common—a brilliant and fast orange dye (the different shades being produced by the admixture of this orange with other harmless colors) which he has succeeded in identifying as one of the several aniline orange dyes which have been introduced into commerce during the last eighteen months. It possesses acid properties; is insoluble in water, but soluble in alkalies; it gives a very stable dye on silk and wool, and, under exceptional conditions, would be capable of producing an irritating action on the skin. Mr. CROOKES thinks that the reason there have been so few complaints arises from the fact that normal perspiration is slightly acid, and consequently will not act upon the insoluble acid dye, but that, under exceptional circumstances, the perspiration may become alkaline, when a portion of the dye would be dissolved and become absorbed.

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### Paralysis Glosso-pharyngea.

MINGARD, in a very good dissertation on this subject, published at Strasburg, refers to two cases which he observed in the clinic of that place, and examines the history of twenty-two other cases.—(*Aerztl. Lit.-Blatt*, No. 7, 1868.) He found extraordinary difficulty of speech in the two cases first mentioned.

DUCHENNE, of Boulogne, described thirteen cases of the disease in 1860; ECUSSIS in 1862, and TROUSSEAU in 1864, met with the disease in their clinics; a few other descriptions in the journals, and a dissertation in Paris, in 1868, are all examined by MINGARD.

A difference of opinion exists whether the disease is a symptom, an ataxia locomotrix, or a disease *sui generis*. At first it was regarded as

a paralysis muscularis progressiva of the tongue, soft palate, and lips; later as an invariably fatal paralysis, which indeed begins at the situations beforementioned, but successively attacks the respiratory, and different portions of the locomotory apparatus. Mingard is of opinion that the disease is a group of symptoms, which nearly always ends with symptoms of general paralysis, and with, or without effect on the mind. When the paralysis remains confined to the organs in which it first makes its appearance, it depends upon an organic change.

*Symptoms.* First we generally have obstinate salivation, then the tongue loses a portion of its mobility. At the same time we often find disturbances in the mobility of the extremities. The articularis labiorum is first seized, paralysis of the tongue and soft palate soon follows, or occurs at the same time. Deglutition is interfered with, the voice becomes affected, through the condition of the tongue. Speaking through the nose is usual; and lastly, aphonia becomes established in consequence of paralysis of the larynx. Dyspnœa now comes on from reduction of the powers of expiration, and paralysis of the muscles which control the vocal cords.

The impossibility of closure of the glottis was demonstrated with the laryngoscope. After all the foregoing symptoms have set in, we have a period in which the disease appears to stand still. If we are called in at this stage, we would have difficulty in considering the case one of special paralysis, or a disease *sui generis*. Soon, however, more extended disturbances appear. Intelligence becomes diminished, and fades away; the mobility of other regions becomes affected. The fatal termination takes place, sooner or later, through interference with respiration, circulation, or deglutition; a slow asphyxia, or repeated syncopes end the scene. If, however, the patient resists these attacks, the paralytic symptoms become wider spread, and death takes place from marasmus.

The anatomical data are few as yet. Without doubt, there is often found sclerosis of the medulla oblongata, and an atrophic change at the origin of those motor nerves which supply the tongue, lips, larynx and pharynx. The nerves themselves show no change, nor do the muscles, except a fatty degeneration in the later stages. Always we only find pathological changes in the medulla oblongata, and the origin of the nerves, *i. e.*, in the central parts.

*Ætiology.* In all cases observed up to the present time, we find an absence of all pathological antecedents of any importance.

The danger of the disease consists in the rapidity of its termination, and in its nearly always ending fatally. Only in one case has there been observed "an improvement approaching to a cure."

*Treatment.* Faradization, hydropathy, argenti nitras, as well as other so-called powerful remedies, have been found useless up to the present time.

Secondary indications for the prolongation of life are, however, to be carried out; as the prevention, or treatment of inanition, asphyxia, syncope, etc.

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**Cancer in its Relation to Geological Structure.**

Some interesting inquiries on this point have lately been published in England by Dr. Haviland. The *Nation* sums them up as follows:

"In taking on the distribution of disease in Great Britain Doctor Haviland makes the following statements: He has found, by an examination of the Registrar-General's health statistics, that cancer, a disease which is among the most baffling with which medical men have to deal, is of comparatively rare occurrence in the north-west of England and in Wales, and also in the south and south-east of England. Now, Wales and North-west England belong geologically to the oldest formations—the silurian and the carboniferous—while the other great district free from cancer includes the chalk hills of Southern England and the "oolitic formations" of Gloucestershire, Northamptonshire, and Oxfordshire. Stronger still—in fact, a good deal stronger—is the evidence furnished by the arrangement of those portions of England which, also free from cancer, connect the two great districts we have mentioned. Coloring blue, say, in sign of their exemption, those portions of the map where cancer is not prevalent, we shall find the two large patches of blue connected by two blue strips extending across the red sandstone of Warwickshire, the red sandstone and lias of Leicestershire, the red sandstone and carboniferous rocks of Derbyshire, and the sandstone heights of Worcestershire and Staffordshire. The two blue patches and their connecting links—on which take place but a small number of the 42,000 deaths from cancer which occur in the kingdom year by year—cover those parts of the country which are of the most ancient geological formations. Turning to the regions where cancer is most fatal, we find them to belong to the tertiary or most recent formations, and we find also that for the most part they surround the great rivers after they have reached their full

size and approach the sea. The Thames cancer-field is said to come to its bounds where the London clay stops—the clay being of the lower eocene, a late formation. Other cancer-fields are in the alluvial valley of the Humber and on the alluvium of Norfolk, Suffolk, Lincolnshire, and East Yorkshire. Now, the distribution of consumption is almost exactly the reverse of that of cancer. It flourishes on the old formations, and gets its smallest number of victims in the lower and more sheltered, though damper haunts of cancer. That those haunts are lower and more sheltered, may, to be sure, be the reason of their comparative exemption from phthisis, and the fact of their geological structure may bear only secondarily on their character as seats of disease. In other words, it may very well be that Doctor HAVILAND should not have spoken of their geological features at all, except as these affect their physical features."

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**Contributions to the Proper Detection and Forensic Judgment of Diseased States of the Mind, for Physicians, Judges, and Counsel.**

Dr. VON KRAFFT-EBING says, in the *Deutsche Klinik*, No. 31, 1868: Generally, open disturbances of the intelligence and perception give us the idea of insanity, and an active judgment is regarded as a criterion for freedom of will or sanity. But, intermediately we have modifications of the mind's life, which influence the will injuriously, without apparently or really perverting the intelligence. To this class belong disturbances of the imagination, a too slow or too rapid action of the same, depression and exaltation of consciousness (*selbstgefühl*); and not infrequently, from these conditions arise insane impulses, which often lead to injurious practices; and monomania is, therefore, classed as a separate form of insanity,

Every case of real insanity calls into being a complicated pathological process, which is not exhausted in producing one symptom, and it must be regarded as a whole, and followed in its regular course of phenomena. As we have strong special energies of the brain in individuals who possess peculiar talents, so we may also have peculiar prominent signs or symptoms of the mind, when this is in an abnormal state, but these are always combined with the usual and inseparable efforts of the mind or actions of the brain.

Professor FALRET, in a lecture at the Salpétrière, Paris, 1850, spoke of the impossibility of a pure monomania existing in and for itself. Our author examined a girl in the prison at Malgarten, near Osnabrück, who had committed repeated incendiary acts without other apparent cause than insane impulse, and he found her entering the age of puberty. Disturbances of the mind, especially those of chronic origin, are nearly always ushered in by paræsthesiæ, which make themselves felt either in somatic sensibility, or as abnormalities of psychical sensation. The latter are generally of a sombre character, not infrequently very deeply rooted, and may be detected by division into their several parts. The indescribable or causeless mental state of fear is an expression of bodily discomfort; the self-accusation and remorse for breach of duties, etc., may be regarded in connection with certain decided disturbances of the nervous sensations, as formication, itching, tearing sensations, stitches, local burning, delusions of the senses, etc. These paræsthesiæ are a neurosis which produces depression of spirits and a psychically painful condition of consciousness, from which the various forms of error can arise; among these melancholia stands in the first rank; it makes all impressions from without painful and disagreeable; former pleasures become disliked, and the individual becomes seized with fear, grief, apprehension, etc. Melancholia often precedes insanity for a long time, and it exists in the most diverse nervous affections; it is also a frequent sequence of bodily dissipation and shattered or shaken affections. Entrance into puberty particularly predisposes to melancholia, especially when the new sensations of that period lead to masturbation and anæmia. If the perversion goes no further, that is, if no delusion of the senses, or deliria occur, we do not observe the abnormal state of the individual's mind, and he follows his customary avocations as usual. Even if we remark his sombre disposition, his motiveless change of spirits, increased irritability, alteration of social conduct, yet we generally pass all these without anxiety, or seek their cause in caprices and singularity. But, our author says, notwithstanding the quiet behavior of the individual, apart from his little peculiarities, he resembles a volcano, beneath whose slumbering ashes a fierce eruption is preparing, and slight, often *very* slight, circumstances may be the occasion of a terrible mental explosion. Such persons are not infrequently dangerous to themselves, as well as to others; because they are disturbed and hindered in their freedom of action much more than we suppose; and this latter part is a misfortune to them.

The question arises: Is it possible that a state of simple psychical depression can disturb the free will and freedom of action to such a degree that they shall sink into a forced, and therefore

involuntary condition? Our author does not hesitate to answer this affirmatively in *thesi;* but in *praxi*, strong proofs of a forced will produced by disturbances, must be given, in order to avert the danger of excusing crimes and passions.

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### Diagnosis of Early Pregnancy.

Dr. Robert Barnes, of London, Fellow and late Examiner in Midwifery, Royal College of Physicians; Obstetric Physician and Lecturer on Midwifery, St. Thomas' Hospital; Consulting Physician to the East London Children's Hospital; Examiner in Midwifery, Royal College of Surgeons; gives the following as the most reliable signs to diagnose early pregnancy, (*Brit. Med. Journal*).

1. A change of texture in the os uteri and vaginal portion. It is soft, cushiony, a little patulous perhaps, and lubricated with mucus.

2. A change of position: the os is found considerably higher up and farther back under the promontory than in the unimpregnated state; and the os, instead of looking downwards in the axis of the pelvic cavity, looks backwards, perhaps a little upwards.

3. A change of position in the body of the uterus: this depends upon the same cause as the change of position of the os. The normal position of the uterus is one of slight anteversion when the body is in the erect posture. The uterus, swinging, as it were, on the broad ligaments, is ready to revolve to a certain extent on its transverse axis. If the finger be applied to the os, drawing down the vaginal portion, the fundus rises in the opposite direction. The whole uterus is a lever of the first order; the fundus and vaginal portion form the two arms, either of which may be moved by an external power. The two arms are of an unequal length; the upper one formed by the body of the uterus is not only the longer but the heavier, and the freer from restraint. When, therefore, the body —the part which is exclusively the seat of gestation—is enlarged, the increase of size, length, and weight adds in a geometrical ratio to the power of the longer arm of the lever. It naturally falls forward and downward; the axis of the uterus no longer approximates to that of the pelvis, but becomes oblique in reference to the axis of the pelvic brim; nearly horizontal when the subject is erect. This anteversion is further liable to increase by the fundus being weighted with the superincumbent intestines. Every inspiration, every movement that fixes the chest, tends to exert a leverage action upon the uterus, the power of which increases in an accelerated ratio with the growth of the uterus. This leverage in anteversion, or *mouvement de bascule*, as the French call it, produces the sign to which I wish to invite special attention.

4. The elevation and retrogression of the vaginal portion is impeded by the intimate union existing between the anterior wall of the cervix uteri and the base of the bladder. The neck of the uterus can only rise backwards by dragging the neck of the bladder along with it. This produces peculiar conditions very perceptible to the touch. The resistance opposed by the mass of cellular tissue that binds the uterus to the bladder is partly overcome by stretching. The cellular tissue is remarkably extensile; and the extensibility of the vaginal wall is well known. The mass of inter-cervico-vesical tissue plays an important part in pregnancy and labor. During pregnancy, it undergoes the stretching referred to. During labor it is still further stretched; it is by virtue of this free extensibility that the lower part of the uterus glides down into the pelvis before the advancing head, the bladder and anterior wall of the vagina remaining more fixed. In this way, small vessels are commonly torn, and hæmatocele or small extravasations of blood take place in the loose tissue. These extravasations are very common; but a condition I have never found wanting in every case in which I have had the opportunity of examining the body a few days after labor, is a large effusion of serum. This, of course, is readily absorbed, and the stretched cellular tissue recovers its normal compactness. Thus the space between the uterus and bladder is elongated. This stretching and elongation is attended by a stretching and smoothing out of the anterior and upper wall of the vagina. This change in the vagina is very remarkable. Instead of the deep groove, or *cul-de-sac*, commonly found in the non-pregnant state in front of the os uteri, the os being lifted up, and brought nearly into a straight line with the anterior wall of the vagina, we find the anterior aspect of the cervix from the edge of the os, forming a continuous plane with the upper part of the anterior wall of the vagina.

The features of this plane vary with the epoch of pregnancy. During the first month, whilst the anteversion or mutation of the body of the uterus is yet moderate, the vaginal *cul-de-sac* is not quite obliterated; the length of the plane, measured from os uteri to the lower edge of the symphysis pubis, is about two inches; the natural corrugations of the vagina are not lost; and there is an elastic sensation in the course of this

plane through which it is not always easy to feel the body of the uterus, which rests upon it. But, at the end of two months, the features are less ambiguous. The os has been tilted higher up; the body of the uterus is larger, and its nutation is more marked. The connecting tissue between uterus and bladder is more stretched; the vaginal mucous membrane, also stretched in a corresponding degree, is smoother and more tense to the feel; and the uterine body reclining upon it is felt firm and rounded through it, an elastic cushion intervening. If the abdominal walls be not too thick and resisting, the fundus of the uterus can be felt by the hand pressed in above the symphysis, so that the size, shape, and position of the uterus, can be measured between the two hands.

I believe there is no condition excepting pregnancy that brings out so distinctly the features I have attempted to describe. The tense smooth plane, extending from the os uteri forward to the symphysis pubis, is characteristic of pregnancy. This sign alone has many times indicated to me the existence of pregnancy; and, on seeking for corroborative testimony, I have seldom failed to find it.

The most valuable sign of all, perhaps, is the violet coloration of the vaginal portion and the vagina, described by JACQUEMIER. If this is minutely investigated, it will be found that the appearance due to pregnancy differs from the occasional resemblances that depend upon other causes. In pregnancy, the general and intense hyperæmia is dependent upon an augmented supply of blood attracted by the developmental stimulus. Owing to the absence of valves, and the free anastomosis of the vessels, the entire vascular system of the pelvis shares in this hyperæmia. The capillaries and smaller veins become enlarged; the veins increase in tortuosity and prominence; they become in some instances varicose; the mucous surface is irregular in consequence, sometimes resembling the cerebral convolutions; but a more characteristic feature is, the appearance of small veins in the labia minora et majora, of a purple color, merging in the vagina into the general purple color of the mucous membrane. This appearance of the veins of the vulva is strictly analogous and similar to that of the veins in the breasts. I can verify the observation of Dr. MCCLINTOCK, that the violet color of the vagina disappears if the child dies.

If the speculum be used, it will commonly be found that a creamy secretion gathers in the undus of the vagina. The features which I have described, *taken together*—namely, the feel of the os uteri, its position, the smooth stretched plane of the vagina extending backward, the rounded firm mass felt through the elastic plane, and the vascular appearance of the vagina and vulva—*raise the presumption of pregnancy almost to certainty.*

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### Recent Improvements in the Operative Surgery of the Eye.

At the Liverpool Medical Association, Oct. 22, Mr. T. BICKERTON spoke of the recent large advances in this department, and to the advantages offered to the scientific physiologist and pathologist by the peculiar construction of the eye, and by the aid of the opthalmoscope. He drew attention to the treatment of affections of the lacrymal passages, by slitting the puncta lacrymalia on the lower lid, as far as the opening into the sac; and exhibited the instrument used for doing this, and the probes used by Mr. BOWMAN and VON GRAFE. He then showed the ball and needle used for destroying nævа materni on the lids. In trichiasis, the treatment recommended by Dr. WILLIAMS, of Cork, was, to dip a needle into deliquesced caustic potash, and insert it into each affected hair-bulb, drawing out the hairs three or four days afterward. This should be done early. If the whole row were involved, it was advisable to excise a piece of the skin and cartilage above the edge of the lid, and then bring the parts together by means of sutures, treating supernumerary hairs by caustic potash. In entropium, the present operation is to make two incisions through the skin and tarsi, and part of the orbicularis palpebrarum; to seize the end of the enclosed skin, and, by vertical incisions, to cut through the muscle and remove it entirely, and then to apply sutures, but no dressing. Squint should be operated upon early. Mr. BICKERTON described LEIBREICH'S mode of cutting subcutaneously, and the method which he adopted himself, and which he had found exceedingly satisfactory. The instruments used in these operations were exhibited. Excision of the eyeball was devised by O'FARRELL, of Dublin, and M. BONNET, about the same time, and independently of each other. It was first performed by Dr. STORBER in 1841; and Mr. CRITCHETT first performed it in this country. The operation was fully described. The hemorrhage, as a rule, was slight, and could be controlled by a stream of water from sponges. A light pad of lint and bandage over the lids was all the dressing required. Abscission of the anterior half of the eye was an operation in which Mr. BICKERTON

had no faith. He described the modes of operating for soft cataract: 1, by making a small incision into the cornea and evacuating the lens by one or two operations; 2, extraction by suction. The lens may be removed at once by this process; but no more suction-force should be employed than is sufficient to bring it away with ease. The author found that, when the lens was very soft, suction was not required. In hard traumatic cataracts, Von Grafe originated the traction operation; and it has been extended to other cataracts by Dr. Schuft. The various steps of the process were explained, and the scoops, etc., shown. This did not give good results; and its place had been taken by Von Grafe's modified linear extraction. The author went very fully into the mode of doing this; explaining the various steps and the precautions to be taken, as well as the after-treatment. He had found the results in his own hands more satisfactory than those of any other operation on the eye. Capsular cataract was removed by one or two needles; and, if this failed, by a broad needle through an opening in the cornea. In some cases, it was necessary to enlarge this, and to take away a portion of the iris. Artificial pupil should be made as central and well defined as possible directly behind a clear cornea, and that which was least altered in curvature. The modes of doing it were: 1, removal of a portion of the iris; 2, withdrawing a portion of the iris, iridodesis; 3, incision of the iris. It was required for inflammatory adhesions; dense nebulæ of the cornea over the centre of the pupil. In the latter, iridodesis was very useful. The author described the several operations, and also a modified one by himself. He then entered into the question of iridectomy, and spoke strongly in its favor, enumerating the several affections in which it should be employed. The *rationale* of its action was uncertain; but it affected a change in the circulation and in the secretion of aqueous humor. There was a very intimate relation, through the ciliary muscle, between the iris, choroid, and retina. In describing the operation the author said he seldom found it necessary to give chloroform; and that he used Von Grafe's narrow knife for modified linear extraction, making the incision on a small scale. He had also done the operation with the conjunctival flap, as in modified linear extraction, and had found it very satisfactory. In considering the relative practical value of iridectomy, division of the ciliary ligament, and division of the ciliary muscle, he was of opinion that each was of very great value in properly selected cases. He then gave an interesting history of the operations for puncturing the eyeball, from the time when it was first practised by Dr. Whyte, of Manchester, in 1802, up to the present time. In conclusion, he alluded to the evacuation of effusion between the retina, choroid, and sclerotic, by two needles, and laceration of these tissues, as practised by Messrs. Bowman and Hulke.

### Early Treatment of the Insane.

In the province of Westphalia the directors of the Marsberg and Lengerich Insane Asylums have ordered that native patients shall be subsisted free of cost during the first year of their malady. This is done in order that cases may be placed under treatment while yet in the initial stage. They claim to cure 80—90 per cent of all cases admitted during the first month of the disease, fewer with every additional month, and assert that incurability is the rule after one year's duration. (*Berliner Klinische Wochenschrift*, No. 26, 1863.)

### Hidden Mania.

Platner in his *Progr. de amentia occulta, I. et II., Lipsiæ*, 1797, speaks of hidden mania—an urging on, and striving of the burdened mind towards a deed of violence; which it secretly desires and prepares for, as if this would lighten and free it of its oppression.

# Reviews and Book Notices.

## NOTES ON BOOKS.

The following interesting notice of a semi-medical book we clip from the *Nation*. The author is Dr. E. Bertulus, and his title, "L'Athéisme du Dix-neuvième Siècle devant l'Histoire, la Philosophie Medicale, et l'Humanite."

"In the name of his fellow-men, the Doctor contends that he is descended neither from a vegetable (Schmidt), nor a fish or seal (Dr. Lamel), nor, finally, from a monkey (Drs. Vogt and Filipi). The monkey question is well treated, and the conclusion is that we are not "singes sans queue perfectionnée." The author maintains that Cabanis and Fourcroy were not atheists and materialists. We believe it is Carlyle who attributes to Cabanis the saying that the seat of the soul is in the smaller intestines. What Cabanis did say was that the brain secretes thoughts as the liver bile, or the kidneys urine. Gall, with his 'Organologie Phrénologique,' continued the school of Cabanis, and successfully vulgarized science, until extinguished in France by serious researches into mental alienation and

the fun of GAVARNI, who showed in one of his most laughable sketches, 'que le système des bosses est né de la bosse des systèmes.' Then came the overthrowers of CABANIS—BICHAT and PINEL. BICHAT, unconscious of his genius, unconscious that he had founded a school, sells his great work on anatomy for twenty-five Louis d'ors to a publisher who made half a million out of it. The question is raised as to the sole cause of mental alienation being lesion of the brain; stress is laid on the corollaries of ESQUIROL. 1. Organic lesion in insane is found in sane. 2. Autopsy of insane shows no alteration of brain. 3. Autopsy of sane shows alteration, suppuration, and even partial destruction. Granting the march of science since ESQUIROL's day, it is claimed that his conclusions are sound. The question of duality of man is admirably discussed. The existence of the vital principle is discussed. Is it or not inherent in organized matter? Then come CUDWORTH and COUSIN; progress of medical science in France; COMTE and his positivism, chemistry, galvanism, doctrine of spontaneous generation, etc."

And here comes another of the same school. Dr. F. MORIN, with his "Bréviaire du Médecin; Précis de Médecine Rurale, d'Economie et de Philosophie Médicale." One of BALZAC's most charming novels is his "Country Physician," "Le Médecin de Campagne." One might almost imagine that his hero had survived in Dr. MORIN, and written the book before us.

Messrs. TOWNSEND & ADAMS have in press a collection of articles that have appeared in a periodical, namely, the lectures on Food delivered before the Society of Arts, by the distinguished Dr. HENRY LETHERBY, and afterward reproduced in the *Chemical News*. Professor SEELY writes the introduction and notes, and the work will certainly have value.

THE MAGAZINES.—The *Atlantic Monthly* begins the year vigorously with some very valuable articles. Dr. BOWDITCH is contributing some readable articles on consumption, which are calculated to be useful. * * *Our Young Folks* meets competition bravely, and seems to thrive under it. It grows better and better. * * The *Galaxy* increases in interest with every number. * * The *Radical* we have no use for, and cannot see what possible good it is calculated to do in the world. * * For a dollar magazine, *Packard's Monthly* (New York) is excellent. We had supposed it was all sensation, but are happy to find that it contains much that is really very sensible, and calculated to be useful. * * MAYNE REID's *Onward* is very striking in its exterior, and does not lack in *interest*, for young people will read such improbable stories as it contains. But are they the *right* kind of reading for them? "The Cinchona; a Popular Monograph on the Peruvian Bark," and "Things worth Thinking of," the latter being the Editor's Table, strike us as the redeeming articles of the current number. * * The *Little Corporal*—lively, earnest, and *good*—is worth a place in every family. It is a credit to Chicago and the great West—we forget—it is several years since we studied geography, *then* Chicago *was* in "the great West!" * * We know no better paper for the physician who has ever so large or ever so small a plot of ground to cultivate, than the *American Agriculturist*. Humbuggery of all kinds quails before its short, sharp, and decisive blows. * * *Hours at Home* is one of our favorite magazines, always containing articles of value, and never anything trashy. * * LITTELL's *Living Age* is the oldest of the eclectic class of our periodical literature, and maintains the high character of its selections. Such a journal is invaluable to those who wish to read the best articles from foreign literary periodicals at a moderate cost. * * *Every Saturday* is another weekly of the same class, and well worthy of patronage. * * The *Manufacturer and Builder* is a new candidate for favor and patronage. The initial number certainly gives promise of uncommon practical value and usefulness. We are very glad to welcome such a journal to our table. It is, of course, chiefly adapted to the wants of the mechanic and artisan, but it contains much that is useful to all classes of readers. Published monthly, by WESTERN & Co., 37 Park Row, N. Y. $1.50 per annum, 15 cents single copy.

Among our extra-professional exchanges, the *Independent* ranks high in our estimation for value. It has attained a circulation that enables its proprietor to command the best pens in the country for its columns. The scientific column is well worked up by Mr. WILLIAM H. WARD, and we have frequently availed ourselves of his excellent selections, and transferred them to our pages. An article in our Periscope department for Jan. 2d, on Vital Force, should have been credited to the *Independent*.

If any of our readers has a patch of ground as big as his hand, on which he can cultivate a flower or a useful plant of any kind, let him send *ten cents* to Mr. JAMES VICK, of Rochester, N. Y., for his Illustrated Catalogue and Floral Guide. The splendid floral illustrations in it are alone worth five times that amount.

Medical and Surgical Reporter.

PHILADELPHIA, JANUARY 23, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

## NAVAL RANK OF MEDICAL OFFICERS.

The position of the medical officers in the United States Navy has long been a most unfair, and we may say a humiliating one. The result has been that very many have resigned, and that the department finds it impossible to fill their places. Either the status of the staff must be changed or the requirements lowered. The high character which our naval surgeons have long borne all over the world can no longer be retained without some change in their rank. For this purpose the following petition was recently laid before Congress; which speaks for itself: "The Medical Officers of the U. S. Navy respectfully come before your Honorable Bodies, asking a reasonable and just rank in the military service to which they belong—a rank correspondent to their duties and responsibilities, and, in some degree, approaching that conferred upon the same class of officers in the other military services of the world.

Our naval service ought not to be second in importance, character and dignity to any, and the influence of its future in the destinies of the world must be evident to all. The equality of its dignity has been partially, and but partially, asserted by the establishment of the highest grades of rank for the line of the navy. To permit the continuance for its medical corps of positions inferior to those of the same corps in other navies, we respectfully submit, may seem to confess an inferiority, either of our whole service, or of the officers composing its medical corps.

Prior to the establishment of the existing grades of the "Line," the highest Naval rank was that of "captain," and the medical corps reached that of "commander," the next grade below. Now, since the grades of admiral, vice-admiral, rear-admiral and commodore have been added to the service, we attain to that of captain, leaving us to the fifth in the military graduation, instead of the second, as we were before passing through the risks and labors it was our duty to encounter in the late war.

Similar risks and toils, and no greater, deservedly brought to our brethren of the line honorable distinctions; we rejoice in their reward and respect the justice which bestowed it. To the medical corps of the army also were promptly given those distinctions which every member of a military service learns to prize; and we waited in the patient hope that record of honorable and faithful service, not behind any, would bring to the naval medical corps their share of honorable acknowledgment and not leave them a marked exception amid the general recognition.

No such acknowledgment has yet come. The war left us, as has been shown, relatively to the line, four degrees lower in rank. Yet, whether as heads of our department in squadrons, or acting in detail, no charge of failure, or of unfaithful performance of our duties has been, or can be brought against us.

It should not take from the value of any duties, that they are, from their nature, most efficiently, when most quietly and unobtrusively performed; and are never brought dramatically before the public eye, unless, unhappily, want of skill or fidelity results in misfortune, destruction and disgrace.

We ask an addition of one grade for the senior officers of our corps. The table appended shows that in the navies of Great Britain, France and Russia, officers of the medical corps reach the rank of vice-admiral; and in the navy of Austria that of rear-admiral. It is evident that such experienced military powers, relying chiefly as they do for existence on their armed organization, would not confer such honors upon a staff, except from the convictions of necessity; especially, as, under the artificial class distinctions of those governments—line and staff officers are, as a rule, taken from those who in civil life occupy different grades in their social system.

With us no such artificial distinctions are recognized, and under our enlightened institutions, both line and staff, are taken from all classes of the Republic, the humblest ranks, and often the same families, being represented in both divisions of the service. Such being the truth, there can be, we hope, no one so ignorant of the institutions of his country as to imagine that any

honors, the reward of public service, are the special right of any privileged class.

As then our Republic permits no class prejudice or presumption to which the just claims of any of its servants shall be sacrificed, it may be asked, why should those honors and distinctions be withheld the medical corps of the United States Navy, which military discretion and prudence have exacted for "Line" and "Staff" from military powers, under which, class privileges unknown to us, are recognized?

In the above recited facts is found the best testimony of military experience, for the necessity of a definite and a high medical staff-rank in the interests of military subordination, and therefore we are spared the need of troubling your honorable bodies with the ample argument upon a subject so conclusively settled.

We present this memorial to your honorable bodies, the more confident of its favorable consideration, because what we ask takes nothing from the rights and privileges of any—conflicts with no subordination, but rather sustains it; and although we make our petition upon its own merits, we have the satisfaction of knowing, we ask nothing which has not been sanctioned by some of the most illustrious of our brethren of the line. Nor can we think that among the intelligent and liberal minded of our service there are any so doubtful of their own honors, as to believe they are only valuable by contrast with those still neglected but allied corps, the members of which, in our service, with the same honorable motives, and with equal sacrifices and no less zeal, are laboring for the honor and glory of our common country."

In order to carry out the plan here presented, an act was framed to reorganize and increase the efficiency of the medical staff, providing that the President shall appoint from the medical officers on the active list of the Navy, a Chief of Bureau of Medicine and Surgery, who shall rank with Commodore, and be *ex-officio* the ranking officer of the Medical Staff; that he should appoint from the Surgeons on the active list of the Navy, in the order of their official seniority, twelve MEDICAL INSPECTORS, each with the rank, pay, and emoluments of a COMMODORE in the line of the Navy; eighteen MEDICAL DIRECTORS, each with the rank, pay, and emoluments of a CAPTAIN; twenty DEPUTY MEDICAL DIRECTORS, each with the rank, pay, and emoluments of a COMMANDER; and thirty SURGEONS, each with the rank, pay, and emoluments of a LIEUTENANT COMMANDER; and one hundred and twenty ASSISTANT SURGEONS—including the Assistant Surgeons now in the Navy—each with the rank, pay, and emoluments of a MASTER: "*Provided*, That ASSISTANT SURGEONS of three years' service, who have been found qualified for promotion by a competent Board of Examiners, shall have the rank, pay, and emoluments of LIEUTENANTS: *And provided further*, THAT NO MEDICAL OFFICER SHALL, IN VIRTUE OF HIS RANK, EXERCISE COMMAND OR AUTHORITY IN THE LINE OF THE NAVY, OR IN ANY STAFF CORPS BELONGING THERETO, EXCEPT IN THE MEDICAL STAFF, and over those placed under the control of the Medical Department of the Naval service. *Provided further*, That nothing herein contained shall require the recall of any medical officers under sailing orders or at sea."

It further proposed that Medical Inspectors and Medical Directors shall be employed at Naval Hospitals and Laboratories, and as Presidents and members of Retiring and Examining Boards, and Courts, and other special duty on shore; and that Deputy Medical Directors shall be employed on board of Flag-ships in Fleets and Squadrons, and at Navy Yards and other naval stations; and that Surgeons and Assistant-Surgeons shall be employed on board of vessels commissioned for sea-service, in Receiving-ships, at rendezvous and barracks, and on such other duties as the Secretary of the Navy may direct.

When on the 8th of January this bill was brought before the House it was tabled. Why this was done without a fair discussion and examination, is a question we should like to have answered. The welfare of our seamen and the credit of our navy are deeply interested in this matter, and such a hasty disposition of this memorial is neither creditable to Congress nor gratifying to a patriot. A whisky bill or a rebel claim can be discussed for a week, but the respectful petition of United States officers hardly receives a decent hearing. We hope the subject will be brought up again.

☞ MR. CHARLES B. PRICE is engaged in canvassing and collecting for the Publications of this Office. He visits Baltimore and Washington next week.

[☞ *Readers of the* REPORTER *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

# Notes and Comments.

### Prepaid Postage.

We have succeeded in including the subscriptions received up to January 13th, inclusive, in the list on which we prepay postage for the current quarter. Subscribers paying hereafter, *to the 1st of April*, will have their postage prepaid from the beginning of the *second* quarter of the year, except *new* subscribers, who take all the numbers from the 1st of January, who will have their postage prepaid from that date.

We can only prepay postage from the *commencement* of each quarter.

### A Charity Hospital at Jersey City.

The Common Council of Jersey City recently passed an ordinance in reference to taking care of the sick poor of their municipality, which is worthy of emulation elsewhere. It reads:

"There shall be appointed by the Common Council four regular practitioners of medicine, and four regular practitioners of surgery, of the City of Jersey City, and members of the Hudson County Medical Society, who shall be known as the Visiting Physicians and Surgeons of the Jersey City Charity Hospital, and they shall constitute a Medical Board. Their appointment shall continue during the pleasure of the Common Council, and their services shall be gratuitous."

At a subsequent meeting the Board proceeded to the appointment of four regular practitioners of surgery physicians and surgeons of the Jersey City Charity Hospital. The following Physicians were nominated—Drs. T. F. Morris, J. H. Vondy, A. A. Lutkins, M. A. Miller. Surgeons—J. W. Hunt, D. L. Reeves, T. R. Varick, B. A. Watson; and the rules requiring a ballotting were suspended, and they were unanimously appointed to the office. The City Clerk was instructed to notify them of their appointment, and upon their acceptance, to convene the Medical Board at the hospital.

This is going to work in the right way, and we may be sure that we shall hear of no such cases among the Jersey City poor as have recently disgraced Washington City and its municipal officials.

### Culpable Carelessness.

What sort of doctors Washington City selects to attend its poor is a curious question, if one of them is to be taken as a specimen. The papers there have recently had the particulars of the case of a Mrs. Martin. She resided with her husband on New York avenue, near 21st street, and had been indisposed with a severe cold and acute pains in her breast. Dr. Ripply, physician for the poor in the First Ward, was called to attend her, and on Saturday prescribed thirty grains of Dover's powder and ten grains of sulphate of morphia, with the proper proportion of liquorice to make ten pills, one to be taken every two hours. One dose was administered on Saturday afternoon, and the deceased immediately went to sleep, and her husband aroused her and gave her the second dose subsequently, when she went to sleep again, and died before morning.

We hope this apparently flagrant case of homicide will be thoroughly ventilated.

### Kerosene Oil.

An extended report on this subject to the New York Board of Health gives the result of an examination of seventy-eight samples purchased at different retail stores in all parts of the city, and not one of them was safe. The examiner, a skilful chemist, states that the vaporizing point of good kerosene oil should not be much below 100 degrees Fahrenheit, and the burning point should not be below 110 degrees Fahrenheit, and that very little of the oil sold in New York comes up to this standard. The old law of Congress fixed 110 degrees Fahrenheit for the burning test. The laws of New York fix the burning point at 100 degrees F., which is decidedly too low, as is shown by the great increase in the number of burning casualties. In Philadelphia, the storage of kerosene is regulated by law, and no refined petroleum, kerosene, or burning oils, except oils in bond, or for export beyond the limits of Pennsylvania, can be kept for sale unless its fire-test reaches 110 degrees Fahrenheit, as tried by a well-defined instrument. As the laws of New York fix the burning point at 100 degrees, this difference in standard sends the oil condemned here to New York city in large quantities.

The true remedy is for each city to have an inspector for these oils. This is the case in Providence, R. I., which has thus far, we believe, been the only city to enact laws requiring all kerosene imported to be inspected, and appointing an inspector to do it. We believe the law has been in force nearly two years. In that time not a single death has occurred from burning fluid in that city. Two persons have been burned by breaking or upsetting lamps; but in both cases an investigation showed that the fluid was a mixture sold in violation of law, and the sale of which was immediately stopped by the authorities. In three known cases, lamps filled

with legal kerosene were upset and broken, and the fluid did not take fire, and no harm was done. It would be difficult to repeal this most valuable law in that city, and the people demand its enforcement against all attempts to introduce the sale of naphtha or benzine as burning fluids under whatever spurious pretences.

### Weight of the Brain.

At a meeting of the Vienna Society for psychiatria and forensic psychology, May 28th, 1868, Prosector Dr. Meynert gave some statistics on the weight of the brain.

His deductions from the weights of 351 brains, as well as those of Parchappe from 284, prove that the influence of psychoses is much greater than age on the weight of this organ.

For example, during the physiologically blooming age of the brain's weight (30—40 years in males), a mean of only 1317 grammes was given, because brains of the later stages of psychoses were mingled with the others weighed; on the other hand, in the primary stage of psychoses, without regard to age, a mean of 1329 grammes was given for conditions of depression and 1359 for mania. Furthermore the reduction of weight was always equal to the duration of the disease. It was also found to depend upon the intensity of the latter, as paralytic idiocy was characterized by a great reduction of weight. Meynert also found that insane brains had more cerebellum, proportionally, than sane; and that insane females had more than insane males.

# Correspondence.

## DOMESTIC.

### Treatment of Snake Bites.

Editors Med. and Surg. Reporter:

In the Reporter of Sept. 26th, 1868, page 259, I saw a report with regard to the treatment in cases of "Bites of Serpents," which seemed to me very singular, that a professional man should thus publicly dwell on a case of snake bite, his treatment of the same at the time of the injury, and state that at the end of two months amputation was recommended.

What became of the patient during these two months? What treatment did he undergo? We are left in ignorance of what happened during two months, but are informed, at the end of that time amputation was recommended by an army surgeon.

This course seems to me very singular indeed. I have had several cases of this kind, viz., rattlesnake bite among horses, in my capacity as Veterinary Surgeon, 4th Cavalry, and shall, with your permission, give my treatment of the same, and with what result.

In September, 1867, I was stationed at Camp Verde, Texas, and was called to attend a public horse just arrived at the post, (from an Indian scout,) that had been bitten that morning by a rattlesnake, in the left fore-leg, in front of the os suffraginis, near the bifurcation of the suspensory ligament. I found great swelling and pain where the horse was bitten, bloody spots and lameness, but detected no other effects of the poison elsewhere.

As I had no tourniquet, I used a common bandage, then lanced around the bites freely, and injected with a small syringe, liquor ammoniæ; afterward applied a very hot flaxseed poultice.

Internally I gave bran and flour meshes, and as the supply of medicines at my disposal was limited, only nitrate of potassa was added to the meshes, previous to which I administered a powerful cathartic.

After two or three days I used only a lotion of plumbi acet. to keep the swelling down. The animal recovered in about eight days.

In this case I am of the opinion that the successful cure of the animal depended on the locality of the injury being in an extremity far removed from the vital organs, so that the immediate treatment prevented the absorption of the poison. The animal is living and serviceable at this date.

I also had a horse brought to me bitten by a rattlesnake last August, which recovered. The horse, about seven years old, was sent out as usual to graze; one half-hour after, he was returned from the herd, having been bitten. The injury occurred about 9½ A. M., and the animal was under treatment in about twenty minutes after.

I found the horse bitten on the dilator naris lateralis muscle at the left superior maxillary, over the nostril, near a branch of the facial vein. He was in great pain, swelling had already commenced, but respiration seemed free, except a slight opening of the mouth.

I opened the spots with a free incision, so as to enable me to apply the syringe; some serum followed the lancet, but after slight pressure, dark venous blood. I was not able to apply the tourniquet or bandage to stop the circulation, but cleaned the wounds by pressure and injections of soapsuds. I then injected Granville's

Lotion, and kept the animal in a cool and quiet place.

Internally, I was hardly able to administer medicines, as the increasing swelling prevented the animal from the use of his jaws. I therefore used a large, clean, house syringe, by which means I injected the medicines, which consisted of flour gruel, with one drachm Bibron's antidote, in the mouth. Externally I applied a salve of iodine compound around the swollen parts.

The next morning the injured parts were more swollen, breathing entirely through the mouth, with snoring; the tongue was hanging out, and also considerably swollen, and I am of the opinion, that if the swelling had reached the throat, the animal would have died from suffocation. I then determined to try tracheotomy, but first I applied poultices of flaxseed as hot as possible, and was happy to see the swelling and other symptoms abate. I then used enemas of tobacco, soap, oil, and water, several times a day; about 6 P. M., the animal was almost entirely relieved from pain, the swelling so far reduced that he could swallow a thin gruel of flour with Bibron's antidote, as above stated. During the night I kept him well blanketed, also continued the poultice.

On the third day he was so much better that he had the free use of his jaws, and the swelling considerably decreased. I continued only the iodine salve and the gruel with the addition of the antidote for two or three days longer, and on the sixth day the animal was well, and still remains so.

As stated before in the first case, the favorable result by small means may have depended on the locality of the injury (extremities).

The last, however, where the wound was inflicted, and where the circulation could not be checked by a tourniquet, the successful result was due probably to the treatment.

Paul Nitschke,
Veterinary Surgeon, 4th Cavalry.
*Fort Concho, Texas.*

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### Dislocation of both Humeri into the Axillæ.

Editors of the Medical and Surg. Reporter:

Mr. H., living near this city, a laborer, of large frame, but thin in flesh, 61 years of age, while chopping wood on the 13th inst., fell from the log on which he was standing, a distance of about six feet, and pitching forward, struck on his hands. My partner, Dr. Fassett, being called sixty hours after the accident, at once recognized a double dislocation into the axillæ. Our method of reduction was the ordinary one of extension from the lower end of the humerus, with the heel in the axilla. The reduction was accomplished without an anæsthetic, and with no more than the usual amount of trouble. There is no doubt about the genuineness of this case. The head of each humerus could be readily grasped by the hand in the axilla. The spareness of the man contributed to an easy recognition of the difficulty. I only report the case as a *surgical rarity.*

J. W. Grosvenor, M. D.
*Lockport, N. Y.*

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### Carbolic Acid.

Editors Medical and Surgical Reporter:

Having administered "carbolic acid" for the last year with such universal success in the various diseases in which I entertained an idea it would answer a good purpose, I desire briefly to lay a few facts before the profession, through the medium of the Medical and Surgical Reporter.

November 21st, 1868. Melcher Ehler, thirty years of age, was precipitated from an express wagon and while in the act of falling, the posterior aspect of his scrotum, caught at the brake handle, which by the way was very sharp and pointed, running it clear through, making its exit right below the root of the penis, and thus lacerating the inferior posterior of the scrotum in two separate parts, dislodging the left testicle in such a manner that I deemed castration at the time almost indispensable. I reduced the testicle as much as circumstances would permit to its normal position, and brought the integument which had retracted to a great degree in coaptation by interrupted sutures. I saturated a linen cloth with a weak solution of carbolic acid, one part to two hundred of water, and applied it to the entire scrotum, which was retained in position by a suspensory bag. Left directions to have it renewed every three hours.

Visited my patient the following morning, when he informed me that the excruciating pain peculiar to a wound of the scrotum had left him soon after the application of the carbolic acid. I continued the treatment from beginning to end, and notwithstanding the enormity of the wound, it healed kindly in ten day, without any suppuration. I have also used it to a great advantage in all forms of diarrhœa, particularly so in cholera infantum. It acts as a direct antiemetic, diminishes the frequent contingency of stools, and in a brief time renders them more narrowed and healthy in character.

My anticipations were always realized to the fullest extent in the following diseases as a local

application in the form of inhalations, injections and washes, to wit, stomatitis, diphtheritis, laryngitis, bronchitis, ozœna, gonorrhœa, lachrymal fistula, and chronic discharge from the ears, resulting from scarlatina or measles.

A. S. JORDAN, M. D.

*Riegelsville, Pa.*

### Cancrum Oris.

EDITORS MED. AND SURG. REPORTER:

Mrs. C., aged 23 years. Has been subject, during the fall, to spells of intermittent fever, for which antiperiodics had been given, disposing of the fever, which fever originated from exposure in a tent, to which she was unused, during the summer and fall months, and the prevailing malarial cause of this locality.

On the 15th inst., at the close of the last intermittent, some swelling of the upper portion of the face occurred, and about the eyes. On the two succeeding days, swelling of the throat and cheeks took place, during which time the peculiar smell of cancrum oris was perceptible. Upon examination, the fauces and left cheek were found to be inflamed, as well as the tongue to some extent. Situated upon the soft palate, immediately on the right side of the uvula, was situated a buckskin-colored patch of dead tissue, elliptic in shape, about the size of a Lima bean.

Intermittent returned on the 20th, for which she was prescribed for on the 21st. A slight intermittent on the 21st, which went off without subsequent return. During the 20th much more nausea than usual was experienced. Strong inference arose that it proceeded from swallowing the dead tissue, for, at the time, upon examination, it was found to be cast off from the surface of which it formed a part, leaving some remnants of it still adhering.

On the 23d, the surface was free, granulating, and healthy, without difficulty or inconvenience in swallowing or eating.

Treatment throughout—application of caustic potash, and gargle of zinci sulph., gr. lx., water, f.℥ij. M. Low diet.

WM. PARKE FLEMING, M. D.,
Hospital Steward, U. S. A.

*Paducah, Ky., Dec.* 21, 1868.

—— Professor THOMAS GRAHAM, Master of the Mint in Great Britain, a distinguished chemist, and author of the celebrated "Elements of Chemistry," has written a letter to Professor HORSFORD, of Harvard, announcing his discovery of "Hydrogenium," a new metal. Its specific gravity is about 2; its color is white.

# News and Miscellany.

### Burlington (Vermont) Medical College.

An Emeritus Professorship was recently conferred on Dr. JOSEPH PERKINS of this institution, who for a long time had been Professor of Obstetrics and Diseases of Women. The following resolutions were adopted by the medical faculty of the college:

*Resolved*, That in adopting as we do, with profound regret, the resignation of our esteemed colleague and brother, Dr. JOSEPH PERKINS, we desire to renew to him the expression of our esteem for his long and successful career as an instructor, and the devotion he has ever exhibited to the best interests of our profession.

*Resolved*, That we gratefully acknowledge our indebtedness to him for the foundation and most valuable contributions to the Museum of this Department; a liberality which, beginning with the first day of our associated labors, has continued uninterruptedly until the last, and been actuated by the sincerest desire to advance the interests of this Institution, and promote scientific medical instruction.

*Resolved*, That in parting with him under the necessities of age and impaired health, we tender him our kindest sympathies and best wishes for the prolongation of a life honored by such fruits of usefulness, praying that its sunset hours may be gladdened by the richest rewards of a Christian faith.

*Resolved*, That the name of our esteemed colleague be recommended to the Trustees of this Institution for an Emeritus Professorship of the same chair lately occupied by him.

### Typhus Fever and Small-pox in New York.

*New York, Jan.* 18.—At a meeting of the Board of Health to-day it was stated that fifteen cases of typhus fever have occurred in E. Thirteenth street, between First avenue and Avenue A., including six deaths. The houses have been disinfected. Seven cases of small-pox occurred in one house in W. Thirty-first street, including two deaths. These premises also have been disinfected.

### The Aged Dead of 1868.

Among the few who had survived beyond a century, and whom tardy Death at length carried off last year, are the names of Mrs. WRIGHT, (103); a Mrs. RACHEL POSEY, a Revolutionary pensioner, (103); OKEE-WAH, an Ottawa squaw, (123); Mrs. NANCY COOLEY, (108); a Mrs. HASKINS, (116); and a Mrs. SARAH COLLINS, (102);—not one male centenarian among them.

### Average Duration of Life.

A careful study of the bills of mortality in Frankfort shows the average duration of life of clergymen to be much higher than in any other occupation, (nearly 66 years). Next to these come teachers, gardeners, butchers and tanners, (about 57 years). The lowest period is that of lithographers and copper-plate engravers, who only attain an average of about 41 years.

# Army and Navy News.

### Navy News.

List of changes, etc., in the Medical Corps of the Navy, from January 4, 1869, to January 17, 1869.

Surgeon Samuel Jackson, ordered to the Naval Hospital, Philadelphia.

Surgeon J. S. Dungan, ordered to the U. S. S. "Cyane."

Surgeon T. E. Potter, ordered to duty on board the Iron Clads at New Orleans, La.

Assistant Surgeon M. L. Ruth, detached from Navy Yard, Washington, and ordered to Naval Hospital, Pensacola, Fla.

Surgeon George Clymer, detached from special duty, Washington, D. C., and placed on waiting orders.

Surgeon F. M. Gunnell, ordered to special duty, Washington, D. C.

A. P. A. Surgeon J. W. Sherfy, detached from Iron Clads, New Orleans, and placed on waiting orders.

A. P. A. Surgeon D. C. Burleigh, detached from Naval Hospital, Pensacola, and placed on waiting orders.

*[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

## MARRIED.

Cole—Smiley.—January 13, 1869, by Rev. J. Wheaton Smith, D. D., John C. Cole, of Troy, N. Y., and Emma W. Smiley, daughter of Dr. Thomas T. Smiley, of this city.

Emery—Bagley.—In Chelsea, Vt., Dec. 31st, by Rev. W. A. James, Dr. F. W. Emery and Miss Sarah M., daughter of Dr. Bagley, all of Chelsea.

Fisch—Common.—At El Paso, Ill., Dec. 19th, by the Rev. George Elliott, Charles Fisch, M. D., and Miss Mary Common.

Miesse—Cummins.—Dec. 29th, Dr. Morris H. Miesse, of Royalton, Fairfield co., Ohio, and Miss Lou. E. Cummins of Chillicothe, Ohio.

Morrison—McDowell.—At Sunny Side, Cecil co., Md., Dec. 31st, by the Rev. J. H. Johns, S. W. Morrison, M. D., of Chester co., Pa., and Miss Sallie H. McDowell, of Cecil co., Md.

Sterling—Havens.—On Christmas morning, at Sag Harbor, Long Island, N. Y., in Christ Church, by the Rev. Dr. MacDonald, Geo. A. Sterling, M. D., and Mary, daughter of W. S. Havens, Esq.

Wallace—Goodwin.—Dec. 30th, Dr. Barnett Wallace, of Franklin, Ind., and Miss Bessie Goodwin, of Lafayette, Ind.

Walter—Green.—Dec. 28th, Dr. Z. D. Walter and Mrs. Columbia E. Green, both of Marietta, Ohio.

Wilson—Ridge.—On the 24th ult., at the residence of the bride's parents, by the Rev. James F. Gardison, Arthur G. Wilson, of Chicago, and Miss Josephine, only daughter of Dr. James M. Ridge, of Camden, N. J.

## DIED.

Bowen.—In Bridgeton, N. J., Dec. 6th, Miss Mary B. Bowen, daughter of Dr. Wm. S. and the late Martha H. Bowen, aged 22 years.

Carter.—In this city, Jan. 17th, of pneumonia, Dr. Edward L. Carter.

Phillips.—At Bristol, Pa., on Tuesday, the 12th inst., Deborah W., widow of John Phillips, M. D.

Sutton.—In Aurora, Ind., Dec. 11th, Mrs. Sarah Sutton, wife of Dr. George Sutton, in the 57th year of her age.

Todd.—At Wheeling, West Va., Dec. 18th, Gussie A., youngest daughter of Dr. A. S. and M. E. Todd, in the 21st year of her age.

## OBITUARY.

### Dr. Von Martius.

Intelligence has been received of the death, in his 75th year, of Dr. Karl Friedrich Philipp von Martius, Professor of Botany in the University of Munich, for many years Secretary of the Royal Bavarian Academy of Sciences, and Director of the Botanic Garden. By his scientific labors and writings, he occupied a high position among the botanists and vegetable physiologists of Europe, and was a Foreign Member of the Royal Society, as well as of other learned societies on the continent. To some students he is best known by his travels in Brazil, undertaken in company with Spix, during the years 1817-20, by command of the then King of Bavaria, Max Joseph. The results were published in three quarto volumes, with an atlas, in 1824—31.

## WORDS OF CHEER.

*Dr. J. J. Van R., New York,* says:

"It (the Physician's Daily Pocket Record) is the best planned one I have ever seen, and the profession should give it a preference to all others."

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"Continue to send the Reporter to my address as long as it is under your supervision, and is, as it has been for the last three years, filled to overflowing with interesting reading matter," etc.

## ANSWERS TO CORRESPONDENTS.

*Dr. J. H. S., of O.*—A hypodermic syringe costs from $3.00 to $5.00.

*Dr. J. J. M., of Miss.*—Holt's Dilators for Stricture, one set, cost $18.00.

## METEOROLOGY.

| January, | 4, | 5, | 6, | 7, | 8, | 9, | 10, |
|---|---|---|---|---|---|---|---|
| Wind | N. E. | N. W. | N. W. | W. | S. W. | S. | N. W. |
| Weather | Cl'dy. Fog. | Cl'dy Rain. | Clear. | Clear. | Clear | Clear. | Clear. |
| Depth Rain | | 1 5-10 | | | | | |
| *Thermometer.* | | | | | | | |
| Minimum | 25° | 30° | 26° | 25° | 26° | 32° | 33° |
| At 8, A. M. | 34 | 39 | 34 | 36 | 37 | 43 | 43 |
| At 12, M. | 34 | 43 | 42 | 48 | 50 | 56 | 45 |
| At 3, P. M. | 35 | 44 | 42 | 50 | 50 | 56 | 43 |
| Mean | 32. | 39. | 36. | 39.75 | 40.75 | 46.75 | 41. |
| *Barometer.* | | | | | | | |
| At 12, M. | 29.9 | 29.5 | 29.9 | 30. | 30. | 29.7 | 29.8 |

*Germantown, Pa.* B. J. Leedom.

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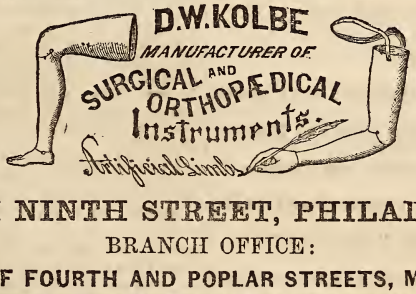


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THE

# MEDICAL AND SURGICAL REPORTER.

No. 622] PHILADELPHIA, JAN. 30, 1869. [Vol. XX.—No. 5.

## Original Department.

## Communications.

### ON THE DANGERS OF INJUDICIOUS EXTENSION OF THE LOWER EXTREMITIES, AND THE MEANS FOR THEIR PREVENTION.

By Benjamin Lee, M. D.,
Of Philadelphia.

It is a lamentable fact, that no new operation, mode of treatment, or appliance, has ever been brought before the profession, which, however successful in the hands of its propounder or inventor, has not been the means of more or less injury from its injudicious or unskilful use by those who fail fully to appreciate all the elements of the problem involved, or are careless in the details of the practical application of the remedy. And usually, the more complete the success of the treatment in intelligent hands, the greater will be the amount of injury which it may produce under incompetent direction, simply because a means which is sufficiently powerful to benefit when properly applied, is also powerful enough to harm when misdirected. This is emphatically true in regard to the mechanical treatment of disease of the hip-joint by extension and counter-extension.

The first danger to which I desire to call attention, is that of elongating the ligaments of the knee-joint by an improper application of the extending force. Few practioners who have not made the trial, are aware of the amount of force which must be employed in order satisfactorily to overcome the spasmodic contraction of the powerful masses of muscle which flex and adduct the thigh, and thus to relieve the acetabulum from the destructive pressure of the head of the *femur*. Even in the treatment of children, in making use of the weight and pulley, twelve pounds of traction is rarely more than is required. Now a traction of this power, sufficient to overcome the morbid contractions about a diseased joint, if applied for a long period to a healthy joint, whose ligaments are not protected by abnormal muscular action, must inevitably induce an elongation and relaxation of those ligaments.

The ease with which the fibrous structures about a joint, inelastic as they appear, yield to long continued force, is amply exemplified by the results of hydrarthrosis. And, indeed, the condition of a joint which has been injured by misapplied extension is well represented by that of one which has long been the seat of serous effusion.

It follows from this, that great caution should be used in applying extension to a diseased joint, not to include within the range of our force a healthy joint. But this is exactly what is too often done. Counter-extension is applied at the hip, and extension below the knee. Thus the force employed is equally expended, (not on the two joints, for the hip is protected by the very condition which makes this method of treatment necessary,) but upon the contracted muscles about one, and the ligaments of the other. The hip is in this way deprived of the benefit of the extension to just the extent that the knee gives way, thus protracting the necessary period of treatment, while the knee itself sustains an injury from which it may never recover. That this danger is not a fancied one, the following case attests.

*Case.* M. H., æt. 11 years, came under my care during the winter of 1864. She had developed morbus coxarius about eighteen months before. The disease had been early recognized by her physician, a surgeon of well deserved fame. She had been placed on her back, and counter-extension made with the weight and pulley during a period of some eight months. At the end of this time her hip was pronounced cured, and she was allowed to walk. This she did with difficulty. Nor did her gait improve with time and exercise. Supposing the difficulty of locomotion to depend on a certain amount of rigidity about the hip-joint, the "localized movements" were suggested by her attendant, as a means of overcoming this condition.

Upon examination, it was found that the hip-

joint had to a considerable extent recovered its mobility, and gave no evidence whatever of any lurking remnant of inflammatory action. There certainly was not enough rigidity in it to account for the awkwardness of her gait, and the exertion and fatigue which walking cost her.

Glancing farther down the limb, the knee proved to be in a state of extreme relaxation; so much so, that when she bore her weight upon it, it bent backward at a very considerable angle. When thus displaced, she was unable, by the direct action of the appropriate muscles, to bring it into the natural position. As this state of things necessarily occurred with every step in walking, she was obliged to throw the leg forward, very much as if it were partially paralyzed.

In addition to this posterior deformity, the joint yielded inward to a very considerable extent. There was no history of inflammation of the knee, or of passive effusion, and its condition seemed an enigma, until it appeared, on inquiry, that the adhesive straps, by means of which the extension was made, were not carried above the knee. No further explanation was necessary. Apparatus was then applied, which gave support to this joint, and prevented it from locking by bringing the centre of equilibrium of the body in front of its own centre, and locomotion immediately became more natural and less painful. Although it is scarcely to be hoped that the joint will ever entirely regain its integrity, the patient now walks with a tolerable degree of ease and freedom.

When visiting one of the first hospitals in Boston some years since, I was greatly surprised to see the same error perpetrated in its wards. A case recently admitted, was pointed out to me with some pride as an evidence of the enlightened manner in which hip disease was treated there, in which the extensile force was attached entirely below the knee.

But it is not only in the weight and pulley system that this danger is encountered. The instrument makers in this city sell an apparatus which they designate as "Pancoast's Splint." It consists essentially of Sayre's modification of Davis's splint, attached at its lower extremity to a shoe, instead of to the adhesive plaster of Davis. By this contrivance both the ankle and knee-joints are made to bear the traction which should fall on the contracted muscles of the superior femoral region. Only its inefficiency has saved this instrument from doing most serious injury to the knee of the wearer. This inefficiency results from three causes.

1st. The difficulty of making the shoe sufficiently tight about the ankle to prevent the foot from working up, when the shoe is forced directly down.

2d. The inadequacy of *elastic* counter-extension, coupled with the character of the elastic material commonly used for this purpose, which in a very little while entirely loses its elasticity, stretching out to almost half again its original length.

3d. The entire incompetency of the patient's friends to manage an instrument which, like any form of hip-splint, requires constant, careful, and skilful oversight—in short, *professional* attention—the fact being, however, that the splint once applied by the instrument maker, he very properly considers his duty ended with the sale, and sees no more of it until it is returned, broken or *outgrown*, for repairs.

Another mistaken and injurious use of extension results from faulty diagnosis. It appears to be a fact not generally recognized, that caries of the vertebræ is often ushered in by a contraction of one limb, very closely simulating that occurring at the outset of inflammation of the hip joint. Such cases are extremely puzzling, and often require great nicety of discrimination. The patient walks with the heel of one side slightly elevated, the pelvis somewhat oblique, and the gait almost precisely that of the disease last mentioned. We shall be asssisted in solving the problem,

1st. By the history of the case. Any account of accident which the patient may have suffered from, should be listened to attentively, and due weight given it.

2d. By the accompanying symptoms. In both diseases we shall meet with starting pains at night. But in the case of the spinal affection these will be referred to the stomach or bowels, while in the case of the hip disease, they will be referred to the inner side of the knee-joint or of the thigh. If the spine is the seat of inflammation, pain will be more apt to be felt during the day as well; and will often follow the prehension of food. Respiration will be more or less labored: and on rising in the morning, the entire spine will be somewhat bowed and quite rigid.

3d. By the muscles which contract and the consequent character of the deformity. In disease of the hip-joint, during the first stage, the muscles which are thrown into spastic contraction are, in nineteen cases out of twenty, the *rotators* with the *rectus femoris*. The result of their combined action is to slightly flex and evert the thigh. As a consequence of this, we shall, of

course, have the toes of this side thrown out. In spinal inflammation, the muscle, principally if not solely affected, is the *psoas magnus*, which, having its attachment on the inner side of the thigh, has the effect of *inverting* the toes of the corresponding side. This latter distinction may be relied on with a considerable degree of certainty.

It is not always, however, that the contraction of the lower extremity in spinal disease is subjected to extension in consequence of a failure to appreciate the true character of the disease. It sometimes happens that even after the disease of the spine is amply declared by deformity, the physician will apply the weight and pulley to the contracted limb. Such a course indicates a failure to appreciate the true object of extension in joint disease, viz., the relief of the inflamed or ulcerated articular surfaces from the abnormal, grinding, destructive pressure, resulting from the muscular spasm. The flexion or adduction of the thigh produces no such effect upon the vertebral surfaces, *because the femur has no articular relation with those surfaces* as it has with the acetabulum. Supposing, therefore, that we could stretch out the *psoas* as we can the *rectus*, by means of a weight attached, we should effect nothing as far as the spinal affection is concerned. We should stretch the *psoas—c'est tout.* We should give no relief to the ulcerated vertebræ. But is it possible to stretch the *psoas* by this method? Evidently not, and for this reason. When we desire to extend the leg, we are able to elongate the femoral muscles, because we can apply our counter-extending force to the pelvis from which those muscles take their orgin. But how shall we apply our counter extending apparatus to the spine at the origin of the *psoas*. It cannot be done, and just here is the liability to injury. Either the focus of inflammation in the spine is above or below the insertion of this muscle into the anterior aspect of the vertebræ. If the contraction is considerable, in the majority of cases it will be below. This being the case, the effect of traction on the shortened muscle will simply be to increase the spinal deformity, aggravate the inflammation, and hasten the disintegration of the carious bone, by dragging down the superior diseased vertebra or vertebræ, forcibly upon those beneath. The curved spine will yield more readily than the contracted muscle. The true way to overcome this contraction, is to relieve the pressure upon the diseased vertebræ, by support intelligently applied to the extremities of the spinal column from behind, and thus put an end to the irritation which excites it. I have never failed to see it yield steadily, though gradually, when I had succeeded in giving efficient support to the spine at the seat of the ulcerative action.

A third error in the use of extension in hip disease consists in permitting too free use of the limb after the splint has been applied. Not because motion through the joint, if properly protected, is injurious, but because the weight of the body coming directly upon the lower extremity of the limb cannot fail to transmit a shock to the joint at its upper extremity. Even if the splint be so carefully applied that this shock is at first borne entirely by the counter-extending band, a frequent repetition of it will in a very short time overcome the efficiency of the latter, and long before the patient is again seen by the surgeon all protection of the joint will have ceased. As long as there is evidence of active disease in the joint, if any one of the ordinary forms of apparatus be employed, the patient should be enjoined to go upon crutches,—and to abstain almost entirely from bearing his weight on the limb. His own weight will thus assist the counter-extension. This end will be still farther gained by putting a cork sole on the shoe of the well foot. A most important modification of the splint has, however, recently been made by Dr. Charles F. Taylor, of New York, which does away with this necessity. It, in effect, combines the splint and the crutch in one apparatus worn upon the person. It consists of a ratchet splint, attached at its upper extremity to a hip band which is provided with two perineal straps in place of one as usual. This second perineal strap gives us control over the lateral action of the splint in opposing the adductors. Its lower extremity instead of terminating just above the knee or between the knee and ankle, passes down to the level of the sole and then bends at a right angle, passing underneath it by a flattened and fenestrated prolongation. Through these fenestræ passes the strap of webbing, or soft leather, which is buckled to the adhesive straps which are carried down to a point a little above the ankle on both sides of the limb, and reach above, of course, as nearly as possible to the level of the hip joint. The perineal straps being drawn sufficiently tight to bring the joint of the splint opposite the hip joint, and such extension then being made as to produce an appreciable interspace between the sole and the horizontal extremity of the splint, we then have the limb suspended between the two extremities of the instrument. If now the patient attempts to walk

the foot does not touch the floor; the weight is borne by the extremity of the splint which rests on the floor in its stead, and transmitted directly to the perineal strap, which performs the double function of a counter-extending band and a crutch, having its bearing against the pelvis instead of the axilla. An ordinary shoe can be worn over the apparatus, which it thus entirely conceals. After the first sensation of awkwardness is overcome (and this will be materially expedited, if the diseased limb is not much shortened, by adopting the plan mentioned in speaking of the use of the crutch, namely, increasing the thickness of the sole on the well side,) the patient walks with surprising ease and fearlessness.

Fig. 1.

The Hip Splint, as modified by Dr. Charles F. Taylor, of New York.

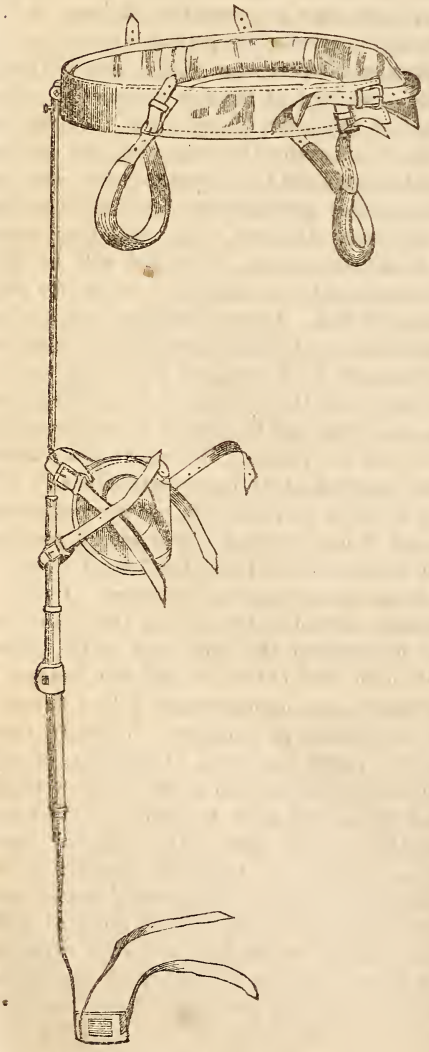
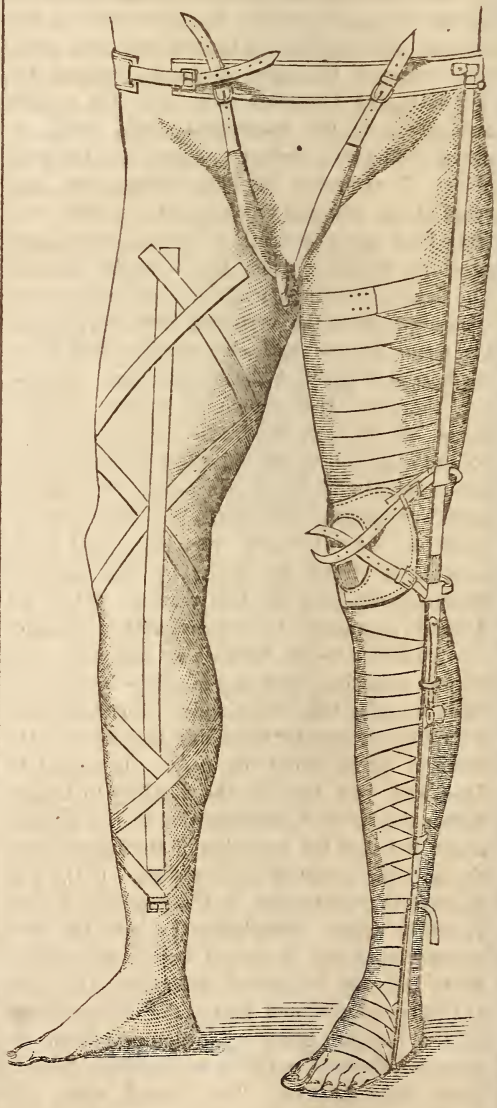


Fig. 2.

The Splint is shown applied on the left leg. On the right leg is indicated the mode of applying the adhesive plaster to the best advantage.

Three strips are fastened to a buckle—one straight, the two others at an angle of 45°. The oblique strips are carried specially around the limb, both beneath and over the straight strip.



I may state, in conclusion, that the Jury of the French Exposition, to whom was referred

the subject of Surgical Appliances, were emphatic in their commendation of this instrument, as well as of all the orthopædic apparatus exhibited by Dr. TAYLOR. Among British surgeons, Mr. PAGET has pronounced it "the best instrument he ever saw for any purpose, answering the indications more fully than any other contrivance," and Mr. WILLIAM ADAMS, Mr. BRODHURST, and other eminent orthopedists, have adopted it in their own practice. (I append an illustration, showing the apparatus and its mode of application. Dr. TAYLOR has published a cut of it in the *N. Y. Medical Record*, but it displays nothing of the detail of its construction, and besides has not perhaps met the eye of many of the subscribers to the REPORTER.)

1503 *Spruce St., Phila., Oct.* 1, 1868.

## A CASE OF COMPOUND COMMINUTED FRACTURE OF THE HUMERUS—RAILWAY INJURY—AMPUTATION AT THE SHOULDER—RECOVERY.

BY WM. F. BUCHANAN, M. D.,
Captain and Assistant Surgeon, U. S. A.

Private A. T., Co. E, 38th N. Y. Infantry, (colored) belonging to troops stationed as guard along the line of the Union Pacific Railway, near Sheridan, Kansas, was standing on the platform of the cars, going westward, about 9, P. M., Oct. 15th, 1868; it being dark, he was leaning over the side in order to recognize his station and get off, when his foot slipped, he lost his hold, and as he states, in order to save himself, jumped—the cars being in rapid motion at the time. He then fell down an embankment of twenty or twenty-five feet, producing a compound comminuted fracture of the left humerus. I first saw the patient about 6, P. M., on the ensuing day. He had lost considerable blood; pulse at wrist of right arm small, feeble, but regular; suffering much pain; there was an internal and an external wound of the soft parts of the upper third of the arm, through which, patient states, two pieces of bone, about two inches in length each, had been lost, and through which the finger could detect the comminuted humerus; the little finger of same extremity was torn off, nothing remaining but a few shreds of the soft tissues, and a brass ring, with its two sides flattened together; no pulse at the wrist; no circulation could be detected below the seat of injury, with a total paralysis of the nerves of sensation and motion in that extremity; severe pain existed at and above the seat of injury; slight venous hæmorrhage; patient was comfortably arranged in bed; precautions taken against the occurrence of hæmorrhage during the night, and one-half grain sulph. morphiæ given.

Oct. 17th. Patient rested tolerably well during the night; pulse somewhat stronger. He was brought under the influence of anæsthetics, the wounds of the soft parts enlarged, and a thorough examination made; the shaft of the humerus was found extensively comminuted for about six inches, and longitudinal fissures extending toward each extremity of the bone, in the upper portion, nearly to its tuberosity, and it was thought, probably into the articulation; the soft parts much lacerated. I concluded that prompt amputation by disarticulation was the only proper operation in the case, and though the pulse was rather weak, delay would only place the patient's life in further jeopardy; the patient being full-chested and high-shouldered, the subclavian artery could not be satisfactorily compressed above the clavicle, besides having no assistant to whom I could entrust compression with the key; therefore the tourniquet was applied over the axillary artery, and kept in place by an assistant, the screw of the tourniquet being placed over the superior border of the scapula, and retained in situ by a tape passed around the screw, over the anterior and posterior part of chest, and fastened in the right axilla. I commenced my incision immediately below the point of the acromion process, carrying it down through the belly of the deltoid muscle about three inches, thence making a curve around the extremity of the humerus externally to the axilla, making a similar flap on the internal side, and disarticulating according to the operation of Baron LARREY: the axillary artery was ligated, and after the cessation of a little venous oozing, the flaps were brought together and united by the interrupted suture; not more than one ounce of blood was lost during the operation. After the patient had regained his consciousness, he was given spts. vini gallici, f.℥ss., and shortly afterward one-half grain sulph. morphia; a pledget of oiled lint had been left to protrude from the flaps, to facilitate the discharge of blood and prevent the accumulation of fluids within the flaps.

On dissection of the amputated arm, it was found very pale throughout, entirely void of blood, the soft parts much contused and lacerated at seat of injury; the brachial artery contused, of dark color, and filled by firm clot for about two inches, and the brachial veins cut across; the humerus was extensively comminuted, and a fracture extended to the neck of the bone

Oct. 18th. Good reaction; patient slept most

of the night; pulse fair; no pain in shoulder. A tolerably generous diet was allowed—toast, tea, corn starch, and beef essence.

Oct. 19th. Condition good; pulse full and strong, somewhat increased in frequency; commencement of suppuration in the latter part of the day.

Oct. 20th. Pulse not quite so full as yesterday; suppuration increasing; appetite good; bowels not moved; ordered soda et potass. tart., ℥ss.

Oct. 21st. Suppuration increased, healthy; bowels not yet moved. ℞. Ol. ricini, f.℥j.; warm water dressing.

Oct. 23d. Continues to to do well; has little cough; ordered tr. opii camph.

Nov. 4th. Patient has continued to do well; is now somewhat restless at night; ordered one-fourth grain sulph. morphia at night, with brandy punch three times daily.

Nov. 11th. ℞. Hydrarg. chlor. mitis, gr. j., pulv. rhei, gr. xij. M. S. At once.

Nov. 14th. Omit punch.

Dec. 6th. Small flaxseed poultice to be applied to lower portion of shoulder, to promote granulation, it being a little tardy at that point.

Dec. 16th. Complains of occasional pain in back of shoulder; ℞. Tr. opii and tr. camph., āā f.℥j. M. Apply. Small poultices were continued until complete granulation and cicatrization, being found to promote that process much better than the warm water dressings or simple cerate, the latter, tried for a few days, appeared to increase the suppuration and waste of tissues.

Dec. 24th. Patient has entirely recovered, with a good round shoulder.

## WOUND OF THE BRAIN FOLLOWED BY RECOVERY.

By Fred. Horner, Jr., M. D.,

Of Virginia.

During the year 1864, Harrison, a soldier, while stationed behind the breastworks in the valley of the Shenandoah, was struck by the musket ball of a sharpshooter, three lines beyond the centre of the os frontis. The ball passed through a portion of the substance of the brain, and came out at the orbit of the right eye. The brother of the writer was at his side, and assisted to carry the wounded man from the field. Harrison became unconscious after the injury, and remained so from Tuesday until Friday morning. While in the ambulance a large quantity of brain cells was recognized escaping from the wound. Surgeon Miller who was in charge pronounced the case to be hopeless, and for three weeks did little for the patient. The latter declared that he did not feel as if he should die, and begged for the usual treatment to be pursued for his relief. For three weeks he received only simple treatment. He was sent home to die. Five months after his return I saw him; the discharge from his wound was enormous—this consisted of pus and of whitish cellular particles—which oozed from the cavity of the cranium involving the middle convolution of the anterior lobe of the left hemisphere. The os frontis was perforated by a circular orifice. The ball of the eye had sloughed during the process of ulceration—leaving in the cavity of the socket a reddish sore of small size.

The patient is a young man and is now in robust health. He is remarkably exempt from headaches and is well, with the exception of a small sore at the point of exit of the musket ball.

The chief interest of this case is that the brain was severely injured, and that portion of it lost, which eminent pathologists in Europe and this country deem essential to the integrity of the faculty of speech, viz., the middle anterior convolution. In this example, second only in point of violence to Dr John M. Harlow's, in which an iron bar is reported to have pierced the cortical substance of the brain, the patient has escaped cerebral hæmorrhage and wound of the longitudinal sinus, has had no aphonia or dysphagia, no loss of memory, reasons correctly, judgment unimpaired, and at the present time is a prosperous farmer in the state of Virginia.

Dr. Gross, "Gunshot injuries of the Skull," refers the above to the third class. He says: "Gunshot injuries of the orbiter plate of the frontal bone, experience has shown, destroys life by the violence which it inflicts, the patient dying either on the spot from shock and hæmorrhage, or within a few days after the accident from the inflammation. The eye is often totally annihilated. In other cases it is so severely wounded as to be destroyed by the resulting inflammation." Dr. Forbes Winslow "On the Brain and Mind" in a note says that "we ought not to expect the same phenomena to result from tearing of the brain, as from injury done to the nerves. The function of the latter is to transmit sensation, that of the former is higher, and this is inferred from its being insensible."

Carpenter in his principles of Human Physiology, says: "The cerebrum being the seat of the intelligence, a sudden lesion of the organ, so trifling as to escape observation, will occasion very severe symptoms."

Harrison, at the expiration now of five years,

shows no abnormal symptoms—in this respect presents a more favorable case than Dr. HARLOW's patient, whose "intellectual faculties were impaired but not totally lost, nothing like dementia, but they were enfeebled in their manifestations. His recovery was quite complete during the four years immediately succeeding the injury, but we learn from the sequel that ultimately the patient probably succumbed to progressive disease of the brain.

I shall watch the progress of Harrison's case, to discover any signs of softening, dementia, or insanity.

## CASE OF POISONING WITH OPIUM.

By P. J. FARNSWORTH, M. D.,

Of Clinton, Iowa.

A distressing case of poisoning with opium occurred in this place December 13. A very estimable young man, a book keeper, feeling unwell went into a drug store, and asked for a dose of *Turkey rhubarb*. The clerk gave it to him, remarking that there was enough for two doses. He went home, took some warm drink, poured about two thirds of the powder upon some jelly, and swallowed it, and went to bed about 9 o'clock in the evening. He very soon became feverish and restless, and complained of severe headache, was drowsy and talked of his business, cast up columns of figures, and started up at any noise. About twelve he remarked to his wife that his head was splitting with pain; she put cold water on it, and wished to send for a physician; he objected, saying that he would undoubtedly be better in the morning.

About three o'clock he seemed fully awake, said he felt much better, conversed about several things, and talked of some plans for the next day, and said he could go to sleep now. He seemed to drop off to sleep quietly, and his wife also went to sleep. In a few minutes she was aroused by his loud breathing, and roused herself up to find him in a convulsion; his hands clenched, and his teeth firmly set. She made an immediate alarm and I was sent for, and reached there about 4 o'clock A. M. The convulsion had passed off, he was breathing stertorously, the muscles were relaxed, the countenance was livid, the pulse full and hard. I concluded that it was an apoplectic attack. In a few minutes another physician came, who coincided with me, and proposed as a measure of relief to bleed him; this we did, which seemed to relieve the circulation to some extent. We noticed that the pupils were contracted; he breathed convulsively for ten times in a minute; then did not breathe for a minute. His wife casually remarked that he had taken powdered rhubarb, and brought out the remaining part of the powder which, we immediately recognized as powdered opium, we judged he must have taken thirty grains. We immediately then tried to arouse him. It was seven or eight hours after the powder had been taken, too late to use a stomach pump or emetics, we gave him fluid extract of belladonna, and tried without avail to find atropia to use subcutaneously. We used galvanism, but all seemed of no use. The intervals of breathing became further and further apart, until he ceased breathing about 8, A. M. The pupils dilated widely, just before he stopped breathing, and we hoped we had effected something by our remedies. It was probable, however, that it was only the final relaxation of death.

There seems to be something unusual in this manner of dying from opium. There was no sound sleep after taking the drug. The man was wide awake and rational at three o'clock, six hours after taking the dose. He became easy then, and fell off into a sleep, and immediately went into a convulsion. When first seen he had the same breathing and look and pulse that I have several times seen in apoplectic attacks. The brain seemed overpowered by a shock, and there were few symptoms of opium poisoning, even when we were certain of the cause.

No post-mortem was allowed: It suggests itself to me that after all it was of the nature of apoplexy, that caused death. The brain had been overworked; the first effect of opium is a stimulant, the stimulant effect of so large a quantity of opium excited the brain still more, and the pressure became so great that effusion or hæmorrhage took place before it exerted its stupefying effects.

It was a piece of criminal heedlessness on the part of the druggist. The man asked for Turkey rhubarb; he took down a bottle labeled Turkey opium and poured it out. The man who took the dose was so little accustomed to medicine that he did not know the difference. Whenever we ask for any enactments by our legislators to regulate the selling or dispensing medicine, violent opposition ensues, yet how many valuable lives are yearly sacrificed by ignorant quacks and incompetent druggists.

—— Mr. JOHN HALLIDAY of Lynn, Massachusetts, it is stated, has discovered a method of manufacturing hard rubber for the use of dentists, without mercury, in any of its forms, thus guarding against ptyalism, soreness of the gums, offensiveness of breath, and other symptoms following the use of red oxide of mercury.

# Medical Societies.

## PHILADELPHIA COUNTY MEDICAL SOCIETY.

At a stated meeting of this Society, held at the Hall of the College of Physicians on the 20th inst., the following Officers and Delegates were elected:

*President*—Dr. W. L. Knight.

*Vice-Presidents*—Drs. W. L. Atlee and L. S. Somers.

*Recording Secretary*—Dr. W. B. Atkinson.

*Assistant Secretary*—Dr. L. S. Bolles.

*Corresponding Secretary*—Dr. H. Y. Evans.

*Treasurer*—Dr. W. M. Welch.

*Censor*—Dr. Alfred Stillé.

*Delegates to the American Medical Association.*

Drs. W. L. Atlee, John Bell, Robert Burns, David Burpee, Levi Curtis, T. M. Drysdale, I. S. Eshleman, W. S. Frick, Jacob Huckel, N. L. Hatfield, Geo. Hamilton, C. W. Hornor, J. F. Lamb, Benjamin Lee, W. B. Lane, Wm. Mayburry, Andrew Nebinger, and S. R. Skillern.

*Delegates to the Medical Society of the State of Pennsylvania.*

Drs. H. St. Clair Ash, James Ash, C. S. Boker, Wm. H. Bunn, L. S. Bolles, J. Cummiskey, R. J. Dunglison, H. Y. Evans, Emil Fischer, S. D. Gross, A. W. Griffiths, W. Goodell, Thos. Hay, L. D. Harlow, A. G. B. Hinkle, E. C. Hine, W. L. Knight, H. Leaman, A. Nebinger, J. Aitken Meigs, H. Lenox Hodge, J. Cheston Morris, W. B. Lane, W. C. Phelps, Benj. Phister, John G. Stetler, L S. Somers, Winthrop Sargent, C. R. Prall, L. Turnbull, E. B. Vandyke, W. M. Welch, C. F. Wittig, Jacob H. Webner, W. Lehman Wells, W. Ralston Wells, and T. J. Yarrow.

*Ex officio* delegates to State Society—Drs. Wm. B. Atkinson, A. H. Fish, and Wm. Mayburry.

The Inaugural Address of the President elect is published by request of the Society.

Gentlemen *of the Philadelphia County Medical Society:*

I return you my warmest thanks for the honor you have just conferred upon me. It was unsought, unexpected, and unmerited. I owe it entirely to your kindly feelings of partiality toward me, which I beg leave to say, is felt and appreciated.

Esteeming myself one of the humblest members of this body, and elected to this chair, clothed as it is with the respectability of great names, you can easily understand my feelings of solicitude, as well as satisfaction, in accepting its honors and responsibilities.

It is twenty years to-night since the organization of this Society. The object of its formation, its labors and achievements, form a topic that might be invested with interest.

The organization of the profession not only of the City and County of Philadelphia, but the organization of the State Medical Society of Pennsylvania, owes much of its success to some of the members here, and I hope a suitable recognition awaits them for long years of active and untiring labors in its behalf. This Society has exerted great influence upon ethics, upon public as well as domestic hygiene. The great movement of sanitary reform, and for more enlighted laws of quarantine for our country, had their origin here. Every person of thought and observation understands how profoundly, how widely, and how thoroughly it has influenced the interests of the profession, and the great interests of humanity. But my object is not its eulogy. I feel it my duty on the present occasion. to speak of its deficiencies and wants. I allude to the want of a Library and Museum. In this Hall, a few evenings since, in conversation with a gentleman, for whose wisdom and learning we all have the highest respect, he spoke of the importance to this Society of a large Library and Museum. To the seven hundred physicians of the city and county of Philadelphia it should be a matter of the deepest interest; and it would unite and be a bond of sympathy and interest to a great majority of our profession. Every physician, whether of lofty or of little scholarship, feels the want of books beyond his own limited library; and it is hoped that a movement will be at once inaugurated for a Library worthy of the profession of Philadelphia.

No doubt many of you were present, and remember the very interesting and eloquent lecture at our December meeting, on the osseous union of intra capsular fractures of the cervix femoris, with a specimen shown, that must be of the greatest interest to the physiologist and surgeon, and forever settle that disputed point. It is to be regretted that we have no place for the reception and preservation of such rare specimens.

It was my purpose to have called the attention of the Society, for its action, to the subject of Criminal Abortion, but having just learned that a report, and a paper accompanying it, will be read before you at an early day, I feel that any extended remarks on the subject at this time are unnecessary. From the source from

which it emanates, we may expect an able paper. Some well considered plan, something real, positive and practical, for checking the awful crime of child-murder is wanted. It is well known to the profession, and too well known, I fear, to the community at large, that there are persons who, for a price, are willing to commit this crime, and have the audacity to call themselves physicians. No one worthy of the name, but looks upon it as murder, and regards it with feelings of the deepest abhorrence.

Thanking you again, gentlemen, for electing me your presiding officer, it will be my endeavor to discharge the duties without prejudice or partiality.

On motion of Dr. Lehman Wells, the address was ordered to be published.

# Editorial Department.

## Periscope.

### About Rachitis.

From the German of Dr. Bohn, translated by Dr. M. Pflaum, of Pittsburgh, Pa.

*I. An uncommon form of congenital rachitis.* The writer observed three children of healthy parents, though living under very unfavorable hygienic influences, which children suffered from a peculiar disease spread over the largest part of the skeleton which like a kind of perostitis had befallen the diaphyses of the long bones, the upper and lower third in nearly circumscribed hearths. The swelling of the bones appeared one after the other in separate attacks with general fever and symptoms of local irritation, and led gradually to a softness and brittleness, which consequently caused a total deformity of the skeleton. This affection differs from common rachitis by the absolute immunity of the heads of the bones; it seems to be of congenital origin, for one of the children, the writer was told, had at its birth already a tumefaction of the upper extremities. In the two other cases the symptoms appeared in the first weeks of life. A hereditary predisposition is improbable, as a fourth child of the same parents did not suffer at all from the disease, nor any one of the family had ever had a similar affection. The writer thinks that the cause is perhaps to be sought for in a faulty nutrition, caused by abnormal placental relations. In one of the cases the swelling of the bones were very beneficially influenced by the use of cod-liver oil and aromatic baths.

*II. Acute Rachitis.* By this the writer means certain rare cases, which are characterized by rapid tumefaction of the epiphyses under violent pains of the joints, diarrhœa, ulcerous stomatitis and rapid emaciation, with complete convalescence in the course of several months. The disease appears in the first half of the second year after birth, in winter or in the early part of spring. Defective nutrition or bad nursing cannot be referred to as causes; but after the cessation of the disease there was in every case observed a disproportionate growth in length. According to this it seems that the disease is caused by an excessive increase of cartilage cells in the epiphyses, the excessive blastema produced not being readily enough transformed into osseous substance; with the finally accomplished ossification the process is finished, and the result of the disease is the considerably grown bone. In accordance to this, the disease should be treated in such a way as to promote the ossification by proper care; and to guard off crookedness of the limbs, they would be supported by an appropriate apparatus. For the diarrhœa were administered successfully tincture of iron and lime water, for the stomatitis chlorate of potash.

*III. Rachitis and Dentition.* Rachitis retards dentition, because the teeth are more than any other part of the skeleton influenced by any disorder of the constitution, which injures ossification. The abnormal prolongation of the pauses of dentition (for the incisor teeth more than one, for the other more than two months in average,) is often the first symptom of the commencing rachitis, and ought to be an indication to direct the nutrition of the child in time into the right way.

### About the Cause of the Lowering of the Temperature and the other Symptoms produced by the Suppression of the Perspiration.

By Dr. Laschkewitsch, Translated from the German by Dr. M. Pflaum.

The injurious results of varnishing the skin are, as is well known, decrease of the temperature of the body, restlessness, violent tremor, at first accelerated breathing and increased frequency of the pulse, which afterwards gradually decrease, appearance of albumen in urine, and finally death, which according to the size of the animals experimented with, appears sooner or later; the bigger the animal the later its death. As cause of these phenomena it was supposed that a substance which was normally secreted by the skin was retained in the body by the suppressed perspiration and produced those phenomena. Especially an adherent to this

doctrine was Edenhurzen, who thought this substance was a volatile organic alkali. The phenomena referred to have also been brought into relation with the fatal result of extensive combustions. But the latter process is so complicated that it cannot be identified with the suppression of the cutaneous secretion.

Against the explanation of Edenhurzen, the writer maintains that the said alkali is also demonstrable in animals, which are in the normal state and not varnished, and that it is developed with different intensity in the different parts of the skin. Edenhurzen considered the alkali as something which was developed by the process of varnishing; he demonstrated it in such portions of the skin of the varnished animals, which were incidentally not touched by the varnish. Another objection against Edenhurzen's explanation is, that the writer could not find anything abnormal in the blood of those animals which had died from the fatal effect of the varnishing, and that such blood injected into the veins of other animals had no injurious effect on them.

Also the opinion of Gerlach and other older authors, that the suppression of the perspiration produces death by asphyxia is not correct. Of how little influence the perspiration is in this respect, the writer convinced himself by experiments, in which animals remained without any bad effect during six hours and more in a hydrogen or carbonic acid gas atmosphere, their lungs remaining in connection with the atmospheric air by means of a cap pulled over the mouth.

The writer now says, that the true cause of the phenomena, mentioned above, is the cooling off, which appears in consequence of the dilatation of the vessels of the skin. A small part of the skin when varnished over appear to be warmer than other parts not varnished, but it cools off quicker by the lower temperature of the surrounding air. If two animals of pretty near the same size, of which one is varnished over, be brought into a caloric meter, the varnished one cools off more and gives more warmth to the water than the other. Whereas animals which, immediately after the varnishing is over, be enveloped in cotton, show nothing abnormal. These experiments correspond with similar ones made by Tscheschin, who experimented on animals to see the effect of cutting across the spinal marrow. In his experiments appeared quite analogous phenomena produced by the increased loss of warmth in consequence of the dilatation of the vessels. With this explanation accords also the fact already set off by Schiff and Valenten, that varnished animals do not show any morbid symptoms in high temperatures; and further is herewith explained, why smaller animals suffer more than larger ones, as the former lose more warmth by the relatively larger surface; and finally, that the symptoms appear the slower, the smaller the part of the skin is which is varnished over.

The considerable dilatation of the vessels of the skin under the varnished parts has been observed by all the authors on this subject, who made a post mortem examination of animals which had died from the effect of the varnishing. Whether this dilatation be a paralysis of the vessels brought about by direct influence or by reflex action, must remain doubtful.

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### Statistics of Insanity.

Tigges and Kaster, of the Westphalian Provincial Insane Asylum, at Marsberg, give some valuable statistics on the subject of insanity. (*Centralblatt für die Med. Wissenschaften*, No. 33, 1868.)

In regard to the patients who were admitted into the above institution, the following particulars of their condition previous to the invasion of the disease were obtained:

1st Class. Of good natural gifts.

2d Class. Abnormalities of mind and temperament; excitability, instability, extravagances, moral obliquities, etc.

3d Class. Mediocrity, and weakness of intellect, without other remarkable peculiarities.

4th Class. Remarkable abnormalities of mind, character, and habits; in these individuals the predisposition is very strong.

5th Class includes 62 to 77-100 of the cases; and in these unreliable, or deficient previous histories were obtained.

*Conclusion.* By far the greater number of the insane who have a hereditary predisposition, do not give such evidences of the approaching malady as may be ascribed to their original tendency. But the four first classes make themselves more felt in the case of those who inherit the infirmity than in others.

The proportion of cures diminishes from the 1st to the 4th classes; in the first class the non-hereditary cases predominate; in the others, particularly the 4th, the hereditary. There are differences in degree when the inheritance comes from both sides, one side, or indirectly; and the insane, more than those laboring under other nervous disorders, transmit an unfavorable condition to their descendants.

Classes 2d and 4th show intellectual weakness less; and, taking into consideration their mental

deficiencies, afford a good prospect; they give a larger per centage of cures, but a larger number of insane brothers, sisters, and immediate relatives.

When insanity has existed for two or three generations, many peculiarities of heritability are developed in a higher degree. There is greater degeneration of the descendants, (classes 2d, 3d, and 4th, particularly the latter), greater tendency to recovery, less to a fatal termination; and there is a tendency to the development of the affections during the early years of life.

*Age.* When we examine the ages of all those admitted, we find that 30 to 40 years is the predominating age; and that in the early years of life males outnumber females.

But when epileptics and idiots are excluded from the tables, we find the most frequent age of first attacks to be 21 to 25 years; as we descend in the number of years a gradual decrease is observed, but 15 to 20 years stand third in point of frequency. Before the age of 35 years males are in the majority, after that females.

The psychical causes which dispose to insanity are not easily reduced to figures. Those organic processes, on which the necessities of the inner life of the individual depend, which attend the male's entrance into a state of spiritual and bodily development, and the female's exit out of the same, are our limit. In those hereditarily predisposed, the whole development of the disease is accelerated; it comes to an outbreak sooner, and arrives at an end sooner.

*Duration in cases of Cure.* Cured in six months 45-100, in one year 37-100, over one year 18-100 of all the cures.

In females there is greater curability than in males for the longer periods of duration. In them the average duration was nearly nine months; and it is greater in the male cases. In proportion to the previous duration of the disease, cures diminish in number. The sexes compare in this as in the above, with regard to frequency of cure, etc.

### Use of Carbolic Acid.

According to the *Medical Times and Gazette*, the experience of the Liverpool Royal Infirmary with the strong carbolic acid and carbolic acid putty in the treatment of compound fractures has been most unfavorable, but in large suppurating surfaces, such as joints, stumps, chronic abscesses, the use of carbolic acid has resulted in a great diminution in the number of cases of pyemia. When the latter disease does occur, the sulphite of soda has had very good effects. Two drachms a day are given of it, in two pints of strong beef-tea.

### Southern Hospitals.

Dr. A. L. MACKAYE, L. R. C. S. E., writes to the *London Lancet* in reply to some strictures by one of its contributors.

Deputy Inspector-General GORDON is hardly justified in making the sweeping statement he does about American general hospitals. That he has grounds for his statement I know; but, as published, a reader would naturally apply it to our hospitals as well as to those of the enemy. I cannot answer for more than two of the armies of the Confederacy, those of Tennessee and the department of the South-West, since I was alone connected with them; but I do most decidedly in this case repudiate the notion that their general hospitals were inefficient, or so badly conducted that a man was better left on the roadside than sent to them. That we had general hospitals of very different degrees of efficiency I know; but the faults, easily pointed out in many whose circumstances I can recall, were not due to the system of general hospitals, but to causes which would alike render inefficient a regimental hospital. I have never seen finer nor more admirably managed hospitals than some general ones in the Confederacy, and the secret of their success was that the whole control of them was in the hands of the medical department. I have fair grounds to estimate them comparatively on. I know the great naval hospitals at Malta, the Cape, and Jamaica, the civil hospitals in Calcutta, those of Paris, the model hospital of the Bethany in Berlin, that at Zurich, as well as our home establishments, not only in London, but in the provinces, and, withal, I must give the palm to one hospital, a general hospital in Mobile. The hospital Canty there, under the charge of, I believe, a Bartholomew's man, Dr. W. HENDERSON, struck me as without exception to leave nothing to be desired in hospital wards. The hospitals at the general hospital post at Griffin, Ga., again, were admirable—a fact they were indebted to for the first-rate administrative tact, skill, and union of the *suaviter* with the *fortiter* found in their chief, the surgeon of the Post, Dr. ROBERT FOSTER, of Nashville, and that they, with all the other general hospitals of the army of Tennessee, were, in their supplies and comforts, under the uncontrolled regulation of an unrivalled medical intendent, Dr. G. S. BLACKIE, a graduation medalist of Edinburgh, (1855). Upon the whole, speaking of the enormous system of general hospitals attached to the armies of Ten-

nessee and the South-west, a fanatic believer in general hospitals could easily prove his case. I may here state, in corroboration of the well-known pre-eminence of naval surgeons under all flags as hospital managers and organizers, that the head of the medical arrangements of the army of the South-west was Dr. R. Heustiss, an ex-United States navy man. The finest field hospital I have ever seen was that organized by him for the division Breckenridge, of which he was then P. M. O., when we went to join the relieving column for Vicksburg.

### Curious Case of Toxicomania.

There has been recently an octavo brochure of eighty-eight pages published at Geneva, by Lelievre et Fils, entitled "*Compte-rendu des Débats de l'Affaire de l'Accusée Jeanneret.*" It is the report of a trial which ranks high among all the *causes célèbres* on record, whether we regard it from a legal point of view or as a problem of medical psychology.

From a summary of it in the N. Y. *Nation* we learn that the heroine—for such she is in the corrupt literature of our day—was a Swiss nurse, who took advantage of her professional position to administer poison to the sick persons confided to her care, from the effects of which seven of them died. In the perpetration of this monotonous series of diabolical crimes Marie Jeanneret does not seem to have been animated either by animosity or cupidity. On the contrary, she always showed the warmest affection towards her victims, and nursed them with tender and untiring devotion; nor did she derive the least pecuniary benefit from their death. Neither the conduct of the accused after her arrest nor the testimony of physicians and *experts aliénistes* furnished any evidence of insanity. The monomaniac usually acts impulsively; but Mlle. Jeanneret always manifested the coolest premeditation and imperturbableness, never exhibiting any hesitation or confusion, or indeed the slightest symptom of hallucination, but answering with the greatest clearness and presence of mind every question put by the president of the court. Even M. Turrettini, the prosecuting attorney, in presenting the case to the jury, was at a loss to know on what grounds to urge the conviction of the accused, and after exhausting the usual category of hypotheses and showing the inadequacy of each, was obliged to seek a motive in *l'espèce de volupté qu'elle éprouverait à commettre un crime*, or what, in the less elegant but more vigorous vernacular of the West, would be called "pure cussedness." In fact, the conduct of Marie Jeanneret seems more like the working of some malignant and irresistible force in nature, or the relentless operation of a destructive machine, than the voluntary action of a free and responsible agent. M. Zurlinden, the counsel for the defendant, dwelt with emphasis upon this mysterious phase of the subject, and thus saved his client from the scaffold. The trial ended on the 26th of November. The jury, after five hours' deliberation, rendered a verdict of "Guilty, with extenuating circumstances;" as the result of which Marie Jeanneret was sentenced to twenty years of hard labor (*travaux forcés*). Our own theory of the case, says the *Nation*, as derived from a careful study of the evidence, is that Marie Jeanneret was infatuated with poisons, partly by watching the effect which they produced on her own system (for she never hesitated to take herself what she administered to others, the only difference being that, like Mithridates, she had become by habit proof against their venom), and partly by reading about them in medical and botanical works, to the study of which she was passionately devoted. She also attempted analyses of these substances, and in one instance was severely burned by the bursting of a crucible in which she was endeavoring to obtain atropine from *atropa belladonna*. It was with atropine that she destroyed most of her victims.

### Dr. Jobert (de Lamballe.)

This distinguished surgeon was the subject of an eulogium by Prof. Richet at the anniversary of the French Medical Faculty, partly reported in the London *Med. Times and Gazette.*

He confessed that it was a life he would not have meddled with, had a choice been left him. Natalis Guillot, another deceased Professor of the Faculty, had left injunctions that his memory should not be thus celebrated, while accounts of the career of Velpeau and Jarjavy are reserved apparently for others, since M. Richet's colleagues decided that Jobert should fall to his lot. After an attentive perusal of his writings, and a consideration of his career, he has come to the conclusion that he was a great deal better than his reputation. That might easily be so. Certainly, his career was a remarkable one, even among the remarkable careers of so many of the French celebrities. Born on a straw pallet, through which his mother said she felt the damp ground, supplied with scarcely any education at all, existing during his *internat* at St. Louis upon next to nothing, we find him, having gained the post of *agrégé* in 1830, suddenly shoot-

ing into prosperity and celebrity, post after post falling to his share. It is true that he was devoured by an insatiable ambition, and had to undergo many mortifications in consequence. His failure to obtain the chair of DUPUYTREN irritated him greatly, and it was not till after the abolition of the *concours*, that he obtained admission into the Faculty. His practice was immense, and, as he charged very high fees, the amount of money he accumulated was enormous—uselessly accumulated, we may say—for, having separated early from his wife, (who prophesied the termination of his days in a lunatic asylum,) he lived a wretched, lonely, and friendless life, and, save in occasional and eccentric acts of charity, benefiting no one by what he had gained. He died a millionaire without a will, and after his death, notes, silver, and gold were found in his house in profusion, the inventory amounting to some 650,000 francs, many letters containing large sums never having been even opened. In his professional relations he was equally unsatisfactory, his treatment of patients, pupils, and *confrères* being always capricious and sometimes brutal. However, we must not, in criticising his career, forget its disastrous termination in an asylum, the probability being that much of the eccentricity, and even some of the success in life was due to disease. M. RICHET passed over his defects kindly and considerately; but in reference to his surgical merits, we are inclined to think he has taken a somewhat more favorable view than posterity will ratify. This portion of the eulogium is almost an anatomical demonstration, not, however, altogether ill-suited to the audience to which it was addressed. That he was a most skilful operator, and did much to advance plastic surgery, there can be no doubt; but, in the words of Signor FUMAGALLI, a less partial biographer than M. RICHET, he was rather an industrious artist than a scientific surgeon.

—— An apparatus for giving an alarm in case of the presence of carbonic oxide or coal gas in a room, it is reported, has recently been invented by a Prussian. It consists of a galvanic battery with a bell and a glass tube filled with liquid chloride of palladium. This metallic salt is extremely sensitive to the pressure of carbonic oxide gas. A small quantity of the gas will at once throw down some of the metal from the solution, and this precipitate collecting in the bottom of the tube, at once establishes a connection in the current of electricity, and the violent ringing of the bell will warn the sleeper of his danger.

# Reviews and Book Notices.

## NOTES ON BOOKS.

The Annual Report of the Commissioner of Pensions for 1868 contains a full list of pension surgeons in the United States, which renders it quite useful for reference. It does not contain any such stricture on examiners as last year, and we hope, therefore, they did good.

The Introductory Address of Dr. T. PARVIN in the Medical College of Ohio last October, has been published by request of the class. Its topic is "The Subjective Utility of Medicine," and it is treated with that thoroughness and ease of style which are characteristic of Dr. PARVIN.

Another pamphlet from the same State is before us. It is by a well known contributor to the REPORTER, Dr. Z. C. MCELROY, of Zanesville. The subject is, "The Dynamics, Principles, and Philosophy of Organic Life: an effort to obtain definite conceptions of how do medicines produce their effects?" It is an address originally delivered before the Muskingum County Medical Society. The views which the author has from time to time expressed in shorter articles are here more fully elaborated, and deserve to attract the attention, as no doubt they will, of the thinking minds of the profession.

"The Probe; an inquiry into the use of Stimulants and Narcotics, the social evils resulting therefrom, and methods of reform and cure," is the title of a new serial upon our table. It is proposed to be issued quarterly from the Sanitarium, Media, Pa., for $1.00 a year. The editor is Dr. JOSEPH PARRISH, whose experience and skill in the treatment of this class of patients is a guarantee of its value.

An interesting obstetrical pamphlet comes to us from Louisville, Ky.—"Joined Twins; the Obstetrical and Surgical Management, with Remarks," by Dr. A. B. COOK, Professor of Surgery in the Kentucky Medical School. It is embellished with a lithographic plate, and has a number of curious details about the case reported, and others similar.

The Physician's Dose and Symptom Book, containing the Doses and Uses of all the Principal Articles of the Materia Medica and Officinal Preparations. By JOSEPH H. WYTHES, A. M., M. D. Eighth Edition. Philadelphia: LINDSAY & BLAKISTON. 1868. 1 vol., 12mo., pp. 263. *Price* $1.00.

Frequently the busy practitioner finds it extremely convenient to have some such pocket manual as this, not so much to teach him what he does not know, as to keep well before his

mind what he does know, but cannot at all times recall. When one is at a loss, as one often is, for a medicine of a certain character, it saves some beating of brains to have such a dose-book as this. It has not only doses, but contains a table of weights and measures, rules for prescribing, abbreviations allowed in prescriptions, poisons, and antidotes, a pharmaceutical arrangement, a symptomatology, and an outline of therapeutics. It is handy in size, can readily be carried in the pocket, and if it wanted any other recommendation, it is found in the fact that the copy before us is the *eighth* edition.

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**Pronouncing Medical Lexicon; Containing the Correct Pronunciation and Definition of Terms used in Medicine and the Collateral Sciences. With Addenda. By C. H. Cleaveland, M. D. Eleventh edition. Philadelphia: Lindsay & Blakiston. 1 vol., 12mo., pp. 302. *Price* $1.25.**

Here is another book that needs no praise, and is vulnerable to no criticism. What has a reviewer, especially of medical books, to say when he sees "eleventh edition" on the title-page? He has to be extremely discreet at any rate in his criticisms.

For a pocket lexicon, we know of none better than this, though pocket lexicons are not our admiration. They savor too much of the *haud multum sed multa*. Nor do we take kindly to the "American phonetic alphabet" which Dr. Cleaveland employs. It is notorious that English speaking people have a horror of learning another alphabet. And here is one of forty-three letters, looking worse than Russian, which we have to make our own. Diacritical marks serve the purpose of Webster and Worcester, and we believe they could Dr. Cleaveland also Moreover, the proof has not been read quite as carefully as we have a right to expect in an eleventh edition. Unless Dr. C. is original in orthography, as in his phonetics, *suply*, *synonimous*, *hora vespertina* (in the evening), betray over-haste in proof-reading.

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**On Chronic Bronchitis, especially as Connected with the Gout, Emphysema, and Disease of the Heart. By E. Headlam Greenhow, M. D., Fellow of the Royal College of Physicians. Philadelphia: Lindsay & Blakiston, 1869. 1 vol., 8vo., cloth, pp. 236. *Price*, $2 25.**

This is a series of clinical lectures, illustrated by nearly fifty cases, which presented themselves in the wards of the Middlesex Hospital, London. Dr. Greenhow originally published them in the *Lancet*, and very properly concluded to place them in a more available form, by collecting them into a volume. It is very handsomely printed, on excellent paper, contrasting very decidedly in these respects with most American medical publications.

The great importance of the subject, the frequency of the disease in our climate, its rebellious character, and its liability to be mistaken for phthisis, commend it to every practitioner. It will be found carefully prepared, and filled with useful suggestions in diagnosis and treatment. We heartily commend it to our readers.

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**The Medical Examiner's Manual. By D. S. Gloninger, M. D. C. A. Palmer, Publisher. Philadelphia. 8vo., pp. 47. *Price*, 75 cents.**

The author of this manual aims to sum up in brief and convenient form those points to which the attention of medical examiners of Life Insurance Companies should direct particular attention. We are convinced that there is considerable carelessness, and some ignorance on the part of many examiners, and a studious perusal of this short pamphlet would be a benefit to them, and the companies for which they act.

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**The Use of the Laryngoscope in Diseases of the Throat; with an Essay on Hoarseness, Loss of Voice, and Stridulous Breathing, in relation to Nervo-muscular Affections of the Larynx. By Morell Mackenzie. M. D., London, M R.C.P., etc., etc. Second Edition, with additions, and a chapter on the examination of the Nasal Passages, by J. Solis Cohen, M. D., author of "Inhalation," etc. With two lithographic plates, and fifty-one illustrations on wood. Philadelphia: Lindsay & Blakiston, 1869. 1 vol., 8vo., cloth, pp. 289. *Price*, $3.00.**

Dr. Mackenzie's work has met with great favor in England, and its republication in this country, especially under the editorial supervision of so competent a laryngoscopist as Dr. Cohen, will be welcomed by very many students; and in this new branch of science we are all students.

The book opens with a history of laryngoscopic discovery, and a description of the instrument, with the method of applying it. Special difficulties are carefully mentioned, and how they may be avoided. The healthy larynx is then studied, and the accessory instruments, and more delicate manipulations. The applications most frequently employed, the operations on the larynx, and the manipulation of laryngeal instruments are then treated of in separate chapters.

The additions by Dr. Cohen are descriptions of the best instruments employed in this country, and explanations of the methods adopted in the examination of the nasal passages. They add materially to the value of the book to the American physician.

Medical and Surgical Reporter.

PHILADELPHIA, JANUARY 30, 1869.

S. W. BUTLER, M.D., & D. G. BRINTON, M.D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

## THE REFORM IN MEDICAL EDUCATION.

We have already more than once referred to the result of the Committee on Medical Education that met nigh two years ago at Cincinnati, not exactly as another example of the Horatian apothegm, *Parturiunt montes*, etc.,—the proverb is something musty,—but as certainly of disappointing effectiveness. We are jogging along in the old rut, and hardly an effort made to improve. There was a loud cry, but we have seen remarkably little wool.

The circular of the Committee was duly sent by course of mail, we believe, with what answer in most cases we know not. But in one case the answer is before us. It is from the Medical Department of Yale College and contains a number of points worth reflecting upon carefully.

The reply calls attention to the historical fact that in 1827 the Connecticut Medical Society sent representatives to a Convention of Delegates from Medical Societies and Colleges, held at Northampton pursuant to a call issued by the Medical Society of Vermont, for the purpose of devising plans for elevating the character of Medical Education. After discussing the various "subjects" which had been suggested by the circular of the Vermont Society, and such as were proposed by members of the Convention, certain regulations were adopted, providing for making known to the several Medical Colleges and Societies of the United States, the results of their deliberations, and for their ratification of them.

Each candidate for a license to practice, or for the degree of Doctor of Medicine, was required to present satisfactory evidence that he had received from some respectable College the degree of Bachelor of Arts; or, that *previous to the commencement* of his professional studies, he had acquired a good English education, and such knowledge of the Latin language as to enable him to read with facility the Æneid of Virgil, and the Select Orations of Cicero; and that he had also obtained a good acquaintance with the principles of Geometry and Natural Philosophy. Graduates of Colleges should attend three, others four years. This scheme was adopted and honestly pursued until 1832, when the Medical Department of Yale, finding that *every other Medical College* which had agreed to adopt the same curriculum had apostatized and gone back to the old courses, and that it was rapidly losing its students, formally altered the term of study to that previously existing.

For these reasons the Yale school answers in the negative the first and third questions of the Committee on Medical Education, which questions were the following.

"1*st*. Do your Faculty, together with the governing authority of your College, approve of the several propositions as a whole?" (referring to the plan of education agreed upon at Cincinnati.)

"3*d*. If you approve of the plan as a whole, or of all its essential features, will your College be ready to adopt it practically, and issue your Annual Announcement for the College term of 1868–9, in accordance therewith; provided all the principle Medical Colleges in this country (or at least those in the cities of Boston, New York, Philadelphia, Baltimore, Richmond, Charleston, New Orleans, Louisville, Cincinnati, St. Louis, Chicago, Buffalo, and Albany,) will agree to do the same at the same time?"

We confess to an inability to perceive why if an acknowledged good move is made, and is unsuccessful, why that ill-success affords any reason for not trying it again, particularly in a matter of this kind when some 40 years had intervened. Certainly times are so altered that there is much greater hope of a higher standard being maintained now than then; and now we have an American Medical Association to give unity and stability to the enterprise. This part of the reply is eminently unsatisfactory and incomplete.

In reference to the second question of the Committee which was,

"2*d*. If you do not approve of the plan of revision, as a whole, what changes would you suggest?"

The Committee of the Faculty are ready with several suggestions showing how easy it is to give or to listen to good advice, and how hard it is to follow it. It urges preparatory education, daily text-book recitations, and regular study. It recalls the fact that "many years ago" the

Connecticut Medical Society resolved that no young man should be allowed to study medicine until he had passed an examination about as thorough as that required to enter the Freshman Class of Yale College, which resolution "soon became and still remains inoperative."

We are told that the Yale Medical Faculty have it "in contemplation, at no distant day, to perfect plans already in process of completion, by which the Medical Sciences will be taught here, as the other sciences are taught, to graded classes, by daily text-book recitations and lectures, throughout the Academic year."

This very indefinite promise is what we must rest contented with from the Yale Medical school. But the Committee of the Faculty conclude with another argument, a sort of Parthian arrow, which we report in full.

"In a democratic country like ours, where educational interests are in no sense fostered or controlled by a central government, and where the quality of education, as of other things, is regulated by the public demands, the attempt to bring all medical colleges to adopt the same greatly advanced and prolonged course of study, and to compel all students to come up to that standard, *before the public mind is sufficiently educated to appreciate and demand it*, is in our judgment premature, and not likely to prove successful."

In other words, until the *public* can learn to distinguish between an ignorant quack and a modest physician of merit, it is premature to insist that medical men should be as well educated here as they are in *monarchical* countries! When medical professors thus speak, *Quis custodiat ipsos custodes?*

But the conclusion to this document is its most remarkable portion. Here it is:

"While, for these and other reasons, the Faculty deem it inexpedient to adopt, at present, the recommendations of the Convention, they will be prepared to give them a favorable consideration, and to adopt them, so far as our circumstances will allow, *whenever they are adopted, and faithfully adhered to, as the uniform and settled practice of the leading Medical Colleges of this country.*"

Having first said these recommendations were not new, which may very well be; then that they were not practicable, they profess a willingness to adopt them substantially when adopted and adhered to by the leading medical colleges of the country. Now the proposition was for Yale to adopt them *only* if the others did so simultaneously, and of course in good faith. Either this last offer contains an undignified innuendo, or it is in direct contradiction to the spirit of the whole reply. In either case it is not what should proceed from Yale College.

## DR. USHER PARSONS.

This eminent and venerable member of our profession died last month at his home in Rhode Island. His long and prominent services both as an author, an officer, and a physician, entitle him to more than a passing notice. For the following sketch of his life we are indebted to Dr. Snow, of Providence.

Dr. Parsons was the youngest son of a farmer and pioneer settler of Alfred, Maine, and was born in that town, Aug. 18th, 1788. He became interested in the study of medicine at an early age, partly through attending a course of lectures given by a Scotchman, Dr. Ramsay. He alternately taught school and studied medicine in and near his native village, and then spent a year at Boston, as pupil of Dr. John Warren, brother of Gen. Joseph Warren. He first practiced medicine in Dover, N. H. The war of 1812 then broke out, and he received a commission as surgeon's mate. This he always remembered as a turning-point in his life, as he was then poor, and looked forward to gloomy years of waiting. He reported for service at Brooklyn, and was soon after attached to an expedition sent to the great lakes. After travelling by sail to Albany, and thence on foot to Buffalo, he served in different points as hospital surgeon, and in some minor engagements. At the battle of Lake Erie, he was the only medical officer on duty in Perry's squadron, the surgeons being sick. His services and success in and after that battle won the praise of Commodore Perry, and led to his promotion, and to his enjoying opportunities of passing much time in European waters, in the naval service. He visited in this way Gibraltar, Minorca, Tunis, Sicily, Naples, and St. Petersburg, and availed himself of leaves of absence to attend the hospitals and medical schools of Paris, London, and Edinburg. He came to Providence, R. I., in 1822, resigning his commission in the navy. In that year he married Mary J., daughter of Rev. Dr. Abiel Holmes, of Cambridge, Mass. She died in 1825.

Dr. Parsons soon rose to a very prominent position, both as physician and surgeon. He was extensively called to other towns, in consultation, and to surgical cases; and performed repeatedly most of the capital operations.

He was president of the Rhode Island Medical Society from 1837 to 1840, and honorary member of many medical societies of other States. In 1853, he was chosen first vice-president of the American Medical Association, and at the meeting in St. Louis, in 1854, he presided and deliv-

ered the opening address, in the absence of the President, Dr. KNIGHT, of New Haven. He held several appointments at different times as professor of medical institutions; and in Brown University was professor of anatomy, both in the undergraduate department, and in the medical school, before the advent of President WAYLAND. He gave great attention to private students in medicine, and had at different times more than fifty pupils.

He was an industrious writer on professional subjects. His first book was, "The Physician for Ships," intended to be used on ship-board as a guide to the management of diseases, in the absence of a physician. This was written in the last period of his service in the navy; it was extensively sold, and passed, with various changes through five editions. He wrote frequently for the premiums offered for medical dissertations, in Boston and in this State; and published a volume containing four successful Boylston prize essays, with one which had been highly praised and recommended for publication, though the premium was awarded to the eminent writer, Dr. CHARLES CALDWELL, of Kentucky. Dr. P. also wrote many articles in surgical journals; the first important one being a medical history of the battle of Lake Erie; and the last, a summary of his principal surgical operations.

Though relieved from the active practice of his profession for some years past by his son, who shared his office, Dr. PARSONS never lost his interest in the science of medicine. He was a regular attendant, so far as he was able, upon the State and national meetings of the profession.

Dr. PARSONS' last sickness continued two months, though he was able to be out till within two or three weeks ago. His disease was seated in the brain.

At a special meeting of the Providence Medical Association, December 21st, 1868, his death having been announced, the following preamble and resolutions were unanimously adopted:

*Whereas*, USHER PARSONS, M. D., a member and Ex-President of this Association, departed this life in this city, on Saturday, the 19th of December, 1868; therefore,

*Resolved*, That we sincerely regret the providential dispensation which has deprived us of our associate and friend; the medical profession of an honored member; and our city and State of a worthy citizen.

*Resolved*, That we acknowledge with gratitude that Divine Wisdom which has spared Dr. PARSONS so long to the world, and which has enabled him to accomplish so much by the practice of his profession, and by his writings for the benefit of medical science, and for the good of mankind.

*Resolved*, That we tender our sincere sympathies to our brother and friend, the son of the deceased, and his family in the loss they have sustained.

*Resolved*, That as a mark of respect to the departed, we will attend his funeral.

*Resolved*, That a copy of these resolutions be sent to Dr. CHARLES W. PARSONS and family, and that they be published in the daily papers of the city.

# Notes and Comments.

### Prepaid Postage.

We have succeeded in including the subscriptions received up to January 13th, inclusive, in the list on which we prepay postage for the current quarter. Subscribers paying hereafter, *to the 1st of April*, will have their postage prepaid from the beginning of the *second* quarter of the year, except *new* subscribers, who take all the numbers from the 1st of January, who will have their postage prepaid from that date.

We can only prepay postage from the *commencement* of each quarter.

### Singular Accident.

A singular accident occurred in Lyons, Iowa, Jan. 15. A new tenant in an old house threw out among the rubbish some sticks of phosphorus prepared to coat the ends of friction matches. A school boy, about eleven years old, picked up one of the pieces and put it in his breeches pocket, and went to school. About eleven o'clock it became ignited. The teacher with commendable presence of mind immediately enveloped him in some woollen shawls and poured on water. The fire was extinguished, but the boy became comatose and was carried home in that condition. The burns were inconsiderable on his thigh and across the abdomen. He lingered until the next day and died. The teacher's hands were very badly burned in the attempt to extinguish the flames.

### Svapnia.

This substance is a mixture of the meconates of morphia, codeia, and narceia. It is prepared by Dr. J. M. BIGELOW, of Detroit, and is offered as a substitute for morphia and crude opium. It is claimed to be convenient in form, uniform in strength, containing all the morphia of the opium, besides the codeia, which has a decided influence upon the ganglionic system of the upper vertebral column and pneumogastric nerve, and the narceia which spends its force on the lumbar ganglionic system, is equal in every

other respect to them. It will thus be found diffusing its sedative influence over the whole nervous system, instead of being concentrated on the brain, as is done by morphia alone. The mode of assay adopted in the preparation of Svapnia is somewhat different from that of Dr. Squibb, but the results are exactly the same, producing uniformity of strength equal to that of morphia itself.

### A Ready Stethoscope.

An ordinary kerosene lamp chimney, either straight or bulging, with the base placed to the chest and the top to the ear, makes a most excellent stethoscope, quite equal in sensitiveness to the manufactured instrument. M.

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

# Correspondence.

## DOMESTIC.

### Case of Triplets.

Editors Med. and Surg. Reporter:

I noticed in your journal of the 19th of December, under the head of "Miscellaneous," a paragraph in regard to the case of "triplets" in this city. The case occurred in my practice, and was as follows:

Margaret Cordell, wife of John Cordell, living at 120 Cannon street, in this city, was taken with labor about 10 o'clock on the evening of November 13th, 1868. On my arrival about 11 P. M., I found on examination, the membranes distended with liquor amnii, protruding between the vulva. I ruptured them, and immediately the escape of fluid was followed by the presentation of occiput. The next pain expelled this child; this having been removed, I found the woman still large, and made up my mind for a second birth. I accordingly tied the maternal end of the funis, and upon examination discovered another sac, through which I diagnosed a foot. I immediately ruptured the membranes and brought down the feet, and ended the delivery very rapidly, the child being small. Still finding the abdomen maintaining considerable size, I found upon again examining another sac with a foot presenting. I proceeded again to rupture the membrane and brought down the child by the feet, and finished the delivery. Immediately afterwards a small after-birth came away, and about 20 minutes after, the larger one with two cords attached. There were three distinct amnions. Following this I was surprised, though the uterus contracted well underneath my hand placed on the abdominal wall, that profuse hemorrhage continued—with the protrusion of a soft mass through the "vulva,"—this I tried to reduce a number of times, but without success. I finally got a light and discovered that I had partial inversion of the uterus, and that the flooding which was quite severe came from the sinuses, which were plainly exposed to view. I tried again to reduce but it would not return. I then tried pressure and cold water, but without avail. I finally saturated a cloth with Squibb's solution "ferri per sulph." and placed it on the bleeding mass, and succeeded in stopping the hemorrhage. The mass receded of itself in about ¾ of an hour's time. The loss of blood was so great that the patient became pulseless, and was rallied only by the free administration of brandy together with f.ʒj of tinct. opii, (good) every 15 minutes, which dose I repeated four times with a very happy effect, the three first produced the most unusual excitement, and after the last the patient went off into a quiet slumber for some three hours. She continued to improve, and was yesterday, when I went in to see her, working hard endeavoring to attend to her progeny. In regard to names, they have been baptized Margaret, Eliza, and Catharine, not "Faith, Hope, and Charity." D. E. McSweeny, M. D.

*New York City.*

### Starling Medical College.

Editors Medical and Surgical Reporter:

In the last October number of the Reporter you had the goodness to notice favorably my appointment to the chair of Puerperal Diseases and Diseases of Children in Starling Medical College. At the same time, however, you remarked that you "had supposed that College defunct." If that supposition were true, any appointment to a Professorship in it would be a doubtful compliment.

Starling Medical College has existed twenty years. Her classes have averaged one hundred students per session. She has a fine class at present. Professors S. M. Smith, F. Carter, Jno. Hamilton, Theodore Wormley, and S. Loving, have each enjoyed high reputation as teachers for many years. The two first-named gentlemen have taught in this school since its organi-

zation. Prof. WORMLEY's great work, "Micro-Chemistry of Poisons," has given him an enviable reputation on both sides of the Atlantic.

With one of the finest college buildings in the country, a cabinet and museum unsurpassed in selections, a hospital of one hundred and thirty beds; to which, in clinical advantage, is added the State Prison Hospital and all the great public charities located at Columbus; with no burdensome debts, the trustees and faculty are determined that Starling Medical College shall not die; but that in the future, as in the past, the watchword shall be onward for the elevation of our profession.

Your serious belief that the undertaker had performed his last office for this institution, suggests, I think truly, that she, with many others, have not advertised to the extent they should.

THAD. A. REAMY, M. D.

*Columbus, Ohio.*

### Facial Paralysis.

EDITORS MED. AND SURG. REPORTER:

Allow me, through your valuable journal, to report the following case, which recently came under my observation.

Charles K., a young man æt. 18, pale and slender, consulted me, Dec. 16th, 1868, in regard to his right eye, which he could not close; also that he had no use of the same side of his face and mouth.

He stated that about one week previous, he retired in the evening as well as usual, and in the morning found himself in the condition described.

On examining the case closely, I found him in good health in every other respect, having had no pain whatever.

I ordered him a mild cathartic, followed, next day, by a tonic—tr. cinchona two parts, gentian one—applying, once a day, a gentle current of the electro-galvanic battery. Also ordered the affected parts to be bathed with cold water, followed by friction, two or three times a day.

On the fourth day, there being no change for the better, while applying the battery, it occurred to my mind that there must be pressure of some kind on the facial nerve. I then examined the meatus of his right ear, and found it filled with hardened cerumen. He said he could hear nearly as well with it as the other. After syringing it with a warm solution of bi-carbonate of soda, I succeeded in removing with the forceps a large piece of very hard cerumen. Immediately after its removal, he said he felt better.

I ordered him to continue same treatment as at first, and requested him to call the next day. Next day, when he came, I found him perfectly well.

The most remarkable feature about this case is that the cerumen was so impacted as not to interfere with his hearing, causing no pain, and at the same time, by its pressure, causing paralysis of the facial nerve or portia dura.

J. W. CRAIG, M. D.

*Quincy, Illinois.*

# News and Miscellany.

### The Medico-Forensic Society of New York.

On Wednesday evening, Jan. 20th, a number of physicians and lawyers assembled at the residence of Dr. W. S. WRIGHT, No. 42 Charlton street, and organized a new society, to be known as the "Medico-Forensic Society of New York." A constitution and by-laws were adopted, and the following-named officers elected for the ensuing year: President, JOHN BEACH, M D.; First Vice-President, W. B. PUTNEY; Second Vice-President, WM. GIBSON; Recording Secretary, W. J. WRIGHT, M. D.; Corresponding Secretary, C. C. TERRY, M. D.; Treasurer, CHARLES K. BRIDDON. The object of the Society is to familiarize physicians and lawyers with medical jurisprudence, and to practically apply it by holding mock courts and regularly trying cases. The object of the Society is a good one, and deserves the attention of both professions. The nights of meeting are the first and third Wednesdays of each month.

A somewhat similar society was formed in New York some years ago. What has become of that?

### Opium Poisoning.

Dr. J. S. BOYD relates in the *British Medical Journal* a case of a man who attempted to commit suicide by swallowing two ounces of laudanum at 1 A. M. After waiting 20 minutes and not perceiving any effect from it he cut his throat, but not deeply enough to cause death. Assistance was rendered and the wound was dressed. The opium, however, was left in the stomach. At 9 P. M. the attendants noticed him become drowsy. A physician was summoned, who recognized the symptoms of the poison, and used energetic means to combat them, but he died at 4 A. M. next morning. The following deductions are offered:

1. The case would tend to overthrow the general opinion that the effects of opium must

show themselves within an hour after administration.

2. Death was protracted for a longer period than in any other case I have seen recorded.

3. The case affords room for inquiry in regard to the effect of shock postponing the action of the poison.

—— Commodore Meade, whose name was unhappily prominent some time since in relation to some family troubles, has suffered a stroke of paralysis, and his family have been sent for in haste, with the gravest anticipations. While this event will be much regretted by the friends of the family, it will effect much in explaining the cause of those events that lately distressed his friends.

# Army and Navy News.

### Army Changes.

The following changes since October 1, 1868, have taken place in the U. S. Army Medical Staff

Promoted.—Assistant Surgeon P. C. Davis, to be Surgeon, to date October 17, 1868, vice B. Randall, retired.

Assistant Surgeon James F. Weeds, to be Surgeon, to date October 27, 1868, vice L. H. Holden, retired.

Appointed.—Frederick W. Elbreg, Augustus W. Wiggin, Washington Mathews, William R. Steinmetz, John D. Hall, Curtis E. Munn, Ezra Woodruff. Philip F. Harvey, William H. King, Stevens G. Cowdry, John M. Dickson, Charles B. Byrne, Frank Reynolds, and Clarence Ewen, to be Assistant Surgeons, to date Nov. 16, 1868.

Retired.—Surgeon Burton Randall, Brevet Lieutenant-Colonel, October, 17, 1868.

Surgeon L. H. Holden, Brevet Lieutenant-Colonel, October 27, 1868.

Resigned.—Assistant Surgeon J. N. Randall, to date October 17, 1868.

### Navy News.

List of changes, etc., in the Medical Corps of the Navy, from the week ending Jan. 23, 1869.

Surgeon W. K. Scofield, detached from the Naval Rendezvous, Boston, and placed on waiting orders.

Surgeon T. M. Potter, and Passed-Assistant Surgeon J. B. Parker, detached from Naval Rendezvous, New York, and placed on waiting orders.

Surgeon J. Beale, and Passed-Assistant Surgeon E. B. Bingham, detached from Naval Rendezvous, Philadelphia, and placed on waiting orders.

*[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

## MARRIED.

Grumbine—Beaver.—Dec. 26th, 1868, by Rev. J. Gring, E. Grumbine, M. D., and Miss Annie E., daughter of D. H. Beaver, M. D., all of Fredericksburg, Lebanon county, Pennsylvania.

Woolston—Haines.—At the La Pierre House, Philadelphia, Jan. 14th, by the Rev. Miller Jones, Dr. E. B. Woolston and Rachel L., only daughter of Joshua S. Haines, all of Marlton, N. J.

## DIED.

Barnaby.—On the 5th inst., at Key West, Florida, J. E. Barnaby, M. D., late of Allegheny City, aged 43 years.

Gray.—Jan. 21, at the residence of her son-in-law, Wellington Lee, Mrs. Amy W. Gray, widow of the late Dr. P. W. Gray, of Elmira, N. Y.

Hopkins.—In this city, Jan. 23d. Susan Barton, relict of the late Samuel C. Hopkins, M. D., in the 81st year of her age.

Howard.—At Warrensburgh, N. Y., Jan. 3d, of consumption, Mrs Ann Rebecca Howard, wife of Dr. E. W. Howard, in the 52d year of her age.

## WORDS OF CHEER.

*Dr. W. B. B., Pennsylvania*, says:

"Your Pocket Record came to hand promptly, and is the best I have ever seen, and an improvement on its two predecessors of 1867 and '68."

*Dr. N H. C., New York City*, says:

The Reporter "is always a welcome visitor, and I can assure you that I have derived no little practical benefit from a careful perusal of its richly-freighted pages."

*Dr. N K. M., Ohio*, says:

"I am very much obliged to you for sending the Pocket Record so promptly, and permit me to say that it is the nicest thing that I have seen of the kind, and I have used them all at different times. I also admire the Reporter and Compendium, and cannot do without them."

## ANSWERS TO CORRESPONDENTS.

☞ On the 11th inst. we received a letter without signature, post-marked Springfield, Ill., containing money. Will the sender please give us his name, and inform us the amount inclosed, and for what it was intended?"

*Dr. R. S. W., of Pa.*—We suggest that you use a strong solution of carbolic acid in the case of uterine trouble you describe. It has effected great results in ulceration of the os, etc. The forceps were sent you.

*Dr. J. C., of O.*—"Dr. A. was visiting a patient daily; the friends of the patient, without the knowledge of Dr. A., called in Dr. B., who took charge of the case without seeing or consulting Dr. A. Was he right in doing so? In the above case I took the position that under no circumstances could he be justified in doing so. Was I right?" If Dr. B. *knew* that Dr. A. was in regular and daily attendance, he was not justified in taking the patient without seeing him or sending him some word.

## METEOROLOGY.

| January, | 11, | 12, | 13, | 14, | 15, | 16, | 17. |
|---|---|---|---|---|---|---|---|
| Wind..... | N. E. | N. W. | N. W. | W. | S. W. | N. | N. W. |
| Weather.... | Rain. | Cl'dy. | Clear. | Clear. | Cl'dy. Rain. | Clear. | Clear. |
| Depth Rain.. | 1 in. | | | | 4-10 | | |
| *Thermometer.* | | | | | | | |
| Minimum..... | 24° | 28° | 21° | 20° | 21° | 21° | 20° |
| At 8, A. M..... | 32 | 48 | 30 | 32 | 38 | 36 | 28 |
| At 12, M..... | 34 | 35 | 36 | 35 | 40 | 38 | 37 |
| At 3, P. M..... | 36 | 36 | 35 | 40 | 42 | 39 | 38 |
| Mean..... | 31.50 | 34.25 | 30.50 | 31.75 | 35.25 | 33.50 | 30.75 |
| *Barometer.* | | | | | | | |
| At 12, M..... | 29.9 | 29.7 | 30.1 | 30. | 29.6 | 29.9 | 30. |

*Germantown, Pa.* B. J. Leedom.

APR 3, 1869

## HEGEMAN'S GENUINE COD-LIVER OIL.

Our Cod-Liver Oil is warranted pure *Newfoundland Oil*. It has stood the test of twenty years' experience, and can be relied on in every particu ar. Its superiority over that prepared on our own seashore is shown by the numerous cures performed by it when the inferior oils had been tried without effect. We make no claim to any secret mode of concentration or cold pressing, but warrant it pure Oi. Morrhua of the U. S. P.

The most perfect Iron Tonic.

## Hegeman's Ferrated Elixir of Bark, or Elixir of Calisaya Bark with Pyrophosphate of Iron.

The FERRATED ELIXIR OF BARK is a pleasant cordial, possessing the valuable properties of CALISAYA BARK, deprived of its tannin and coloring matter, and contains eight grains of the PYROPHOSPHATE OF IRON in each fluid ounce; and in all cases where a mild and efficacious Iron Tonic is desired, will be found a most valuable preparation. As a preventive to fever and ague, and as a tonic for patients recovering from fever or other sickness, it cannot be surpassed.

Directions.—For an adult, a dessertspoonful to a tablespoonful may be taken three times a day, before meals. Children in proportion to their age.

## Hegeman's Cordial Elixir of Calisaya Bark, (Peruvian Bark.)

The CALISAYA (or "King's Bark,")is the most valuable of the numerous varieties of the Peruvian Bark, and in the Elixir is combined with other ingredients that increase its efficacy, and at the same time overcome the intensity of its bitterness, rendering it a most agreeable cordial.

For persons living in Fever and Ague Districts, it will be found invaluable as a preventive—half a wine glass taken night and morning, rendering the system much less subject to the unhealthy influence of the atmosphere.

☞ The above preparations are sold by Druggists throughout the United States.

*Samples of the above preparations will be furnished on application.*

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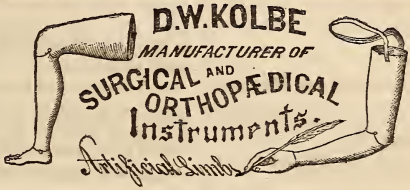
Particular attention is called to the improved artificial Legs and Arms; apparatus for Resection shortened legs, ununited fracture apparatus for the variations of

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C. B GILBERT, M.D., Materia Medica and Therapeutics.
W. H. LATHROP, M.D., Physiology and General Pathology.
J. F. NOYES, M.D., Ophthalmology.
N. W. WEBBER, M.D., General and Descriptive Anatomy.
J. M. BIGELOW, M.D., Medical Botany.
P. P. GILMARTIN, M.D., Adjunct Professor of Obstetrics and Lecturer on Medical Jurisprudence.
H. O. WALKER, M.D., Demonstrator of Anatomy.

### THE REGULAR TERM

Will commence on Tuesday, February 2d, and continue until June 5th. The fees for the regular course are as follows: Lecture fees, $50; Matriculation fee, $5; Dissecting Ticket, $5; Hospital Tickets (for one year), $6; Graduation fee, $25.

### THE PRELIMINARY TERM

Will begin on Tuesday, November 3d, and continue until the commencement of the regular term. This course will be principally clinical. A fee of $15 will be charged for this course, but will be credited to the student on the payment of the fees of the regular term.

For further particulars, apply to

THEO A. McGRAW, M.D., *Secretary,*
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# SWEET QUININE.

Dr. BULLOCK'S preparation entitled SWEET QUININE is made from the best Peruvian Bark, and has as positive and reliable tonic and anti periodic power as the common bitter quinine. Unlike the latter, however, it has no bitterness, but a sweet taste instead. THIS IMPORTANT ADVANTAGE constitutes its superiority for use by all—adults or children—who object to the nauseous bitterness of common Quinine.

Sweet Quinine is not offered as a *substitute* for common, bitter Quinine, but to *replace* its use, representing it thoroughly, and may be trusted in the most important and obstinate cases.

Sweet Quinine is to be used in all intermittent or other diseases requiring Quinine or Peruvian Bark.

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Prices will always be at least ten per cent. less than common Quinine.

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OR

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SVAPNIA is a new and desirable form of *Opium*, purified from all inert matter, such as, *vegetable fibre*, etc., and with the *Papaverine*, *Thebaine*, and *Narcotine* of the drug removed entirely.

It represents the *Anodyne* and *Soporific* properties of Opium completely, whereas morphia is but one of them. The alkaloids *Morphia*, *Narceia*, and *Codeia*, in this purified Opium, are in the combinations existing naturally in the drug.

It is made by assay; hence its *uniformity* is as great as that of Morphia, a very great advantage over *crude* Opium.

It is solid and permanent, in scales like Citrate of Iron, can be readily powdered, or solved in cold water. Patients will bear the *Svapnia* who cannot tolerate Opium or Morphia. Its effects are more soothing and hypnotic than either.

Those compelled to use Opium habitually, will find this much preferable to crude Opium.

Medium dose, for an adult, one grain.

Sold in Ounce and Half-Ounce Bottles.

Price will always be three-fourths less than that of Morphia.

Trial Parcels, to the value of Fifty Cents and One Dollar, will be sent upon the receipt of price, by mail, (postpaid) to those Physicians or others wishing to test Sweet Quinine or Purified Opium.

REFERENCE, by permission, is made to Zina Pitcher, M.D., late President National Medical Association; Prof. S. G. Armor, Long Island Med. College; Prof. E. W. Jenks, Detroit Med. College; Prof. H. W. Lyster, University of Michigan, and others.

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THE

# MEDICAL AND SURGICAL REPORTER.

No. 623] PHILADELPHIA, FEB 6, 1869. [Vol. XX.—No. 6.

## Original Department.

## Communications.

### WINTER IN FLORIDA—FOR CONSUMPTIVES.

By Robert F. Speir, M. D.,

Of Brooklyn, N. Y.

While there is no longer a doubt, or want of proof, of a successful treatment of phthisis pulmonalis, *there is* a doubt of the climatic influences—all things considered—best suited to phthisis cases.

From the general confusion and diversity of opinion existing in the minds of so many patients who appeal to their medical advisers to know *where* to go for the winter, and for the information of those who cannot spare the time to investigate for themselves, I offer for the readers of the Reporter the "notes" prepared after careful and protracted observation during an experimental tour through the South in search of the locality for persons requiring a change of climate for the winter.

When it is known that as many as *twenty thousand* northern invalids passed through Richmond, Charleston, and Savannah, last winter in search of health, it will be seen at once that this is a question of careful consideration.

Whether these thousands who endure all the discomforts and privations incident thereto realized the improvement so anxiously sought, or can the expenditure of money, time, patience, and strength be saved, with a prospect of renewal of health without going South?

I do not wish to offer any advice to the readers of the Reporter, and desire not to be misunderstood, but would, in as few words as possible, present the following facts, which I do not remember ever to have seen presented for the consideration of those northern consumptives who are about wintering in Florida. I hope to present the *facts only*, that your readers can decide the question understandingly for themselves.

Very few physicians have had the time or opportunity to inform themselves of the advantages of climatic influences on phthisical persons, and notwithstanding the fact that the physician may have the interest of his patient ever so much at heart, and wishes to do his duty conscientiously, never having seen the country, he cannot be a competent judge of the consequences to the patient he orders "down South," which means no particular place.

We think of no more distressing state to witness than that of these poor consumptives, far away from home in their apparently hopeless condition, and hurried along by the advance of this terrible disease, with every symptom pointing unmistakably to the lungs as the seat of the difficulty. They only reach their destination and die.

The sufferings of these unfortunate people, as you find them in the South—in winter—cannot well be imagined. Sent from home without suitable comforts provided, their condition impress one painfully, and, if you, from any principal of humanity, offer a word of warning and suggest that no time be lost, or exertion spared to save them from a fatal termination of this disease, yet, so flattering and insidious is the advance of phthisis that your anxious warning may be received without attention.

It is useless to remonstrate, or to attempt to rescue such deluded people, and you find them from Richmond to New Orleans in hundreds during the winter, all from the northern States, in search of a warmer climate, expecting to live on air and regain their health. Now, while we admit that such cases must excite our sympathy for the unfortunate stranger we meet, with the evident symptoms of serious lung disease, yet you cannot arouse them to the necessity for awaking to their danger, and their need to apply, with the utmost promptitude, all the ability they can command to make a vigorous prosecution of this "war" in their "battle for life."

Although my experiments and inquiries in the South were not made with reference to the strong and healthy, but entirely with an eye to the interest of the suffering consumptive, yet those who so *boastfully* enjoy the blessing of

health may well consider what is said. Many who now "enjoy *bad* health" were not always ill, and those travellers who now so freely join in the pell-mell rush for steamboat, stage, hotel-register and sleeping-car may, in a few short months, be on the sick list, needing sympathy and encouragement.

In this paper I wish to consider only the advantages and disadvantages of wintering in the South. Many there are who go South for amusement; leaving home in perfect health, and who readily find comforts and accommodations which to the person with consumption would be distressing and dangerous.

A winter in a mountain district at a mean temperature of 60° is more exhilarating and encouraging than many consumptives suppose. The influence of such air and such a climate on a person with weak lungs is marked, and the improvement rapid and often lasting, provided only the invalid can secure proper diet, comfortable sleeping apartments, and equable surroundings. The exercise in the open air—riding, driving, fishing—in the winter months, is invigorating and desirable if the necessary comforts are to be obtained. The consumptive must have a regular, systematic, and nutritious diet. To be successfully treated, phthisical persons *must feel* that they are fighting for existence. We must have a rousing, restoring, heroic treatment.

This general breaking-down must be provided for and stopped. The removal of all the causes and conditions unfavorable to a healthy development of all the organs must be insisted on. A consumptive must not cease to "push things" till the dreaded disease shows signs of yielding. From the difficulty of receiving supplies from the North in good order in Florida, the regulation of the diet—an essential point—cannot be attended to at the hotels in the interior, now the winter resorts of the army of northern invalids. Consumptive people *may* be improved by the "hog and hominy" diet, but I have not happened to fall in with any who looked as if they had been "improved." Florida does not produce good beef, mutton, or milk. Let us look at this subject as a serious matter for the man who must leave his home and friends to struggle for life against the ravages of this disease.

And we have nothing for the interest and success of the hotel adventurers who "run" their hotels as if their guests had no rights which hotel men were bound to respect, and who are so regardless of the comfort of those, unfortunately sick, thrown in their way,—being indifferent to everything but the art of packing the greatest number of invalids in the smallest space at four dollars per day. This packing system is pushed with systematic vigor, and for beds, it were easier to stand up and sleep! And these stupid, deluded people who are so simple as to imagine that they are well provided for, and being cured of consumption at a Florida hotel, only excite my pity. The climate in winter in Florida is most delightful, with sunshine and without frost, but to obtain anything more than the most simple food and miserable accommodations—in the present state of things—is next to impossible. The hotels must depend for their uncertain supplies upon steamers from the North. A person in fine health can enjoy the winter and live well in Florida, shooting and fishing; but the invalid, accustomed to the delicacies and comforts at home, cannot get food of a sufficiently nutritive, palatable, and supporting character. Such articles as fine fresh butter, rich cream, fat beef and lamb,—animal food—which is of the greatest consequences and which the consumptive must have if he would improve his unhappy condition, he *cannot* get. Parties who go to Florida with the hope of buying the delicacies they must have, will find greenbacks not sufficient inducement to persuade the Freedmen to shoot and fish for them. While the rivers and lakes of the St. John are alive with fish in shoals, jumping in every direction, and easily taken, if you ask a man to fish for you, he will probably tell you, "No use gwyne to dat riber, 'cause de gud durn fish don't bite, sho' as you live, boss." The innocent delight of the Florida darkey is to sleep, eat bacon, and keep "shady" when he can; so the invalid from the North must paddle his own canoe, and hunt and fish for himself.

St. Augustine, on the shore of Matanzas Sound, is protected from the sea by the island of Anastasia, has a very mild climate, and more to recommend it as a resort for consumptive persons than any other spot in Florida. The sea breeze is very bracing and refreshing. There you do not suffer from the lassitude and general debility so common to persons of weak lungs.

St. Augustine is the oldest settled place in the United States. Three hundred years ago, Menendez massacred the Huguenots cast ashore here. The old friend and companion of Columbus was the first to visit this coast, as early as 1513. He named it Florida, from the number of flowers he saw. In 1665, the place was sacked and plundered by Capt. Davis, an English pirate. As early as 1640, there was a population of two thousand persons. In 1821, Gen. Jackson forced the Spanish standard to be lowered to the stars

and stripes, after a Spanish rule of two hundred and fifty years. It was in this region that Gen. Jackson, anticipating trouble with the Spanish, marched his men seven hundred miles in seventeen days. Gov. Grant was the first English governor of Florida; Gen. Jackson was the first United States military governor. In about 1690, a Spanish captain brought to St. Augustine a parcel of Spanish negroes to work his plantation—hence the inauguration of slavery there.

The streets of St. Augustine, in the time of the Spanish rule, were in good order, but they are now badly cut up; and being only nine feet wide, without sidewalks, are dirty and dusty, with shifting sand. The houses are, many of them, two stories high, with piazza fronting each, opening on the second floor. The plan reminds one of some of the oldest portions of Quebec.

Very few of the old Spanish stock are now found here, but you detect in the bright eye, elastic step, and raven locks of some of the ladies, the evidence of the old Spanish blood.

The luxuriance of the growth, and the freshness of the out door creeping vines, roses, and shrubs, add materially to the appearance of the houses.

The town is less than ten feet above the sea, and the Government constructed a great sea wall to protect it from the sea, which was from 1837 to 1848 in building. This wall makes a grand promenade, and the United States band from the Barracks, playing daily in the Plaza, affords about the only entertainment of the place.

Oranges are very plenty and luscious. One cannot conceive of the life and freshness of the golden fruit plucked direct from the tree, as they hang in clusters. A healthy orange tree of twenty years' growth, will yield from five to ten thousand oranges yearly. Such trees are not unlike our full grown apple trees, but much more compact. Previous to 1835, when this place was visited by severe frost, the income from oranges exceeded seventy-five thousand dollars yearly.

If parties who go to St. Augustine in search of health, can secure a cottage and supply their own table, or can obtain board in one of three or four private boarding-houses, they will be sure to enjoy the most lovely winter climate, with fruit and vegetables all winter. Several estimable, educated ladies are keeping boarders here, but unfortunately, are always full; in fact, their rooms are engaged from year to year, in advance.

The uninitiated stranger who arrives here to remain during the winter, must go to the hotels, which are little better than those at other Florida winter resorts, and conducted by persons entirely ignorant of the wants and necessities of northern consumptives. You meet with persons who are satisfied, perhaps well pleased with Florida hotels, but they are either sadly uninformed of the attention and comforts required by the sick, or have the constitutional vigor necessary to withstand the effects of the penetrating trichinæ, and can masticate raw-done flesh without fear of these little parasites.

For those who can be located properly here for the winter, and who are recommended *sea air* with mild climate, I think there is no place in our country equal to St. Augustine. One curious objection is the difficulty of reaching St. Augustine, and the uncertainty of getting away again: After touching a steamboat landing called Picolata, with a small one-story building for a stage station, you find, often, the seats in the stage for St. Augustine all engaged; and the poor, pale, colorless sufferer is left by the steamer on the dock, ready to fall from exhaustion, and fainting for breath, and is told that he must remain in this station building, as the only shelter, the remainder of the day and night; with a fair chance for spending the night on the bare floor, as the writer had the "pleasure" of doing on going to and returning from St. Augustine.

The stronger passengers will always find stage seats, and over-reach the weaker at every turn. The weakest invalid must submit to all sorts of extortion, imposition, and impudence. The manner in which northerners, far advanced in consumption, and almost helpless, submit to be *packed* into these stages is marvellous. After the night at Picolata Station, you rise from an unrefreshing rest, and, with a scanty meal, prepare for a stage-ride of eighteen miles through sand a foot deep, for St. Augustine. If it were possible to know when the sick man would reach Picolata landing, by all means get word to St. Augustine for a special conveyance to meet him at the boat. A very kind and sympathizing lady, in charge of the station, is wearing herself out to oblige the sick who must wait for the next stage; does all she can with the very limited means furnished by the stage company. But her efforts are unavailing for the comfort of her guests, and it were far better to have a conveyance ready to take you across to St. Augustine direct. It is to be hoped the irrepressible Yankee will soon open steam communication to St. Augustine, by changing the entrance to the harbor, where the water, now only nine feet on the the bar at low water, preventing the approach of able steamers, will be altered so as to admit large steamers. When this is accomplished, we

shall have easy and regular access between Savannah and St. Augustine. At a landing far up the river St. John, called Enterprise, another winter resort, southeast from St. Augustine, where the river boat touches, you are as far south as northern invalids think of going for the winter. A single house, owned by the steamboat captain, is all the provision made to receive the worn-out, half-starved consumptive. This hotel in winter is always full of northerners, sent down here to die and be wrapped up and buried in the shifting sand. It is impossible to imagine the melancholy air, haggard, suffering, wasted form, sparkling eye, and sunken cheek of the poor creatures found here, bathed in perspiration from weakness and the heat of the sun, shining in all his glory upon sand as white as snow, blinding one and making exercise impossible. In this region are the most magnificent orange groves in the world. In the midst of a grove here, is a most remarkable spring, very deep, cold, and thoroughly impregnated with sulphur. The climate here, at Enterprise, Indian River, and Key West, is more mild than at any other locality within the limits of the United States. In this latitude bananas, figs, cocoanuts, coffee, olives, lemons, and ginger, may be cultivated. Noble live-oak, magnolia, and pine trees make up the dense forest. I could recommend this region for *sports* who are after large game. Bear, deer, panther, and wildcat abound in the forest. There is no other place where you can kill a breakfast of deer at easier rifle-shot, without leaving your camp. The astonished deer will walk directly over your camping-place. The weather is so mild, that the only shelter required, if you wish to lodge out of doors, is the simple rubber blanket, or you can suspend yourself, with comfort, on a hammock, As the mosquitoes never get their wings touched with frost, they are healthy and very troublesome late in the season. But if you can keep the moccasin snake from under your blanket, you will fare well, and have all the game you desire. As I am only interested in the question of climatic influence in the treatment of pulmonary consumption, I will leave it to others to describe the wonderful, picturesque scenery. The palm and palmetto tree, the hundreds of alligators basking in the sun, wild geese, turkeys, ducks, and the scream of the bird of Washington (our imperial eagle)—all these combine to make the St. John's river, with its banks lined with orange groves, and immense trees covered with moss hanging from their branches, a scene of unusual interest.

At another landing on the river, called Green Cove Springs, the winter season is most delightful. At this place there is one hotel and several excellent private families who take boarders, but the climate is too hot and debilitating. There is regular communication here by steamer from Jacksonville. The sulphur springs here are much resorted to by persons suffering from rheumatism and dyspepsia, who think they get benefited. At this resort you experience the same difficulty as elsewhere in Florida, the serious want of ice, good water, milk, and suitable diet. Pilatka, on the St. John's, a hundred miles from Jacksonville, has a beautiful situation. There are a number of houses here, and stores with a large supply of northern goods, a drug store and a hotel. The wants of the invalid are not better supplied than at the hotels down the river. The writer was struck with the opportunity offered, and the wisdom and propriety of persons suffering from pulmonary consumption to organize and leave home in a company, with nurses, servants, and a good supply of comforts and conveniences, and locate here for the winter, having temporary cottages shipped and put up, ready to receive the party. In this way a supply of medicines, canned meats, ice, and luxuries could be had. Tomatoes, green peas, cucumbers, and Irish potatoes can be grown as early as March, and lettuce and radishes every month.

At Fernandina and Hibernia, on the river, the heavy dews at night and the intense heat of the day are not favorable for persons with weak lungs.

Jacksonville, also on the St. John, is the largest town in Florida. Much better accommodations can be had here than at any other place on the river. There is daily communication, by rail and boat, with Savannah. Jacksonville is destined to be a great business centre. Ocean vessels of a thousand tons can come up to the town. The advantages for market gardening, and the opportunities for shipping will make this a very busy place. The climate is balmy. The houses are small, but comfortable. All the best dwellings are occupied by New Englanders. The facilities for reaching here by sleeping cars from Savannah are complete, and the invalid who wishes a temporary trial of the air of Florida will find Jacksonville very readily reached, either by rail or boat from Savannah.

To go to St. Augustine, one has a choice of route. Persons who do not suffer from sea-sickness, will find the steamers leaving New York for Savannah three times a week, the most de-

sirable conveyance. Invalids who prefer the inland route to Florida, will find the most safe and easy route the one from New York to Philadelphia, ninety miles by rail, occupying the sleeping car, and remaining one day in Philadelphia for rest. Then from Philadelphia to Washington by rail, one hundred and thirty-six miles, stopping once, at Baltimore, for rest. Then from Washington to Richmond, one hundred and thirty miles by rail. Then from Richmond to Augusta, Georgia, by rail; and again rail to Savannah and Jacksonville. Then descend the St. John's river to any of the landings on the river. Another route is to take ocean steamer to Charleston, and from Charleston take the "inside" steamer to Savannah, and from Savannah by rail to Jacksonville, so down the river.

After leaving Florida, as the great winter resort of northern invalids, to find, in *South Carolina*, about one hundred miles from Charleston, the village of Aiken, a place having many special advantages of climate to recommend this section as peculiarly suited to cases of pulmonary disease. The climate here corresponds with that of the south of France. To reach this place from Charleston by rail, you pass through horrible, low, swampy land, full of venemous serpents and insects. The country rises gradually till you reach Aiken, six hundred feet above the level of the sea. This place is remarkably free from the fever and miasma of the marshy country below. The *air* is *tonic*, and *easily breathed*.

This whole region is covered with magnificent pines, and the air *permeated with pitch pine* perfume. For miles around a beautiful, wild, healthy country of hill and dale meet the eye.

Aiken has four churches, a number of well-stocked country stores, several pleasant private boarding houses, a post office, three physicians, and a railroad depot.

The people are highly educated, sociable and obliging. Northern people are treated with civility.

In the interior, some of the inhabitants consider a northern man their declared enemy, and have no confidence in him; but all want quiet, and an opportunity to begin life anew.

The writer rode from seven to ten miles daily, scanning the country to test the climate, and he does not remember to have received an unkind word, but on the contrary found every one communicative and agreeable.

The soil of this region is, much of it, unsuited for agricultural pursuits, but on the edges it is fertile and well-adapted to the culture of the grape and other fruit. The land is offered by the owners at a ridiculously low price. Several fine farms of vineyard culture owned by parties here, are for sale very low. Aiken is seldom visited by the frost, snow, cold rain and sleet so much dreaded by the consumptive. The walks are always dry a *few hours* after a rain, making exercise safe and profitable. There is a large hotel at this place, conducted by Mr. Henry Smyser, who, with his estimable wife, exerts himself to make his guests comfortable. The sleeping apartments are roomy, each with a large fire place for pine-wood fire, furnishing pleasant retreat for the rainy days. Aiken being only twelve miles from Augusta, Georgia, all *extras* and delicacies can be ordered twice a day from that if desirable. As a winter home for northern invalids, Aiken undoubtedly offers more inducements than any other locality in the south. The thermometer seldom falling lower than 32° during the winter months. In December 1867, from the 25th to the 28th, the highest temperature was 85° and the lowest 75°. In January 1863, from the 2d, to the 10th the highest was 75°, the lowest 40°. From the 20th of January to the 30th, the highest was 58° and the lowest 48°.

Aiken being easy of access, having a regular daily mail, opportunities for getting horses and carriages, good water, good society, fresh country air, with a clear sky, and magnificent scenery, making this region very desirable as a winter residence. *The air is peculiarly dry and tonic.* Exercise on horseback, so attractive and healthful, can be enjoyed without fatigue. The air is well suited to the promotion and enjoyment of regular exercise; and those who can walk, find the exercise not at all wearisome, bringing out the delightful glow of renewed health and rousing the dormant energy of all the organs. Of course prudence must be exercised in walking, invalids should indulge moderately and not go in "training" for a *walkist.* Aiken has some objections as a resort for consumptives. At times the changes of temperature are sudden, sharp and serious, sending "all hands" flying to their quarters. There is a scarcity of good beef, the cattle are turned out to roam at will to gain scanty subsistence from the leaves of the pine forests. Such provender will not make good milk, and it is better to *hire* a cow or a goat, and keep it well fed to furnish you milk and cream. A good goat will give as much milk as a cow,—as the cows are very miserable specimens, very small and duly equalled, in starved appearance, by the swine of the country.

Parties who wish to club together and live

apart from the hotels can rent a house, or secure good rooms for the winter at very reasonable rent, furnishing their table with daily supplies from Augusta. In selecting a room at the hotels choose one on the second floor with open fire place, where the sun will shine directly on the windows; and where you will at all times be surrounded with a free circulation of air. After a winter judiciously spent here, with unremitting attention to their instructions, I see no reason why consumptives should not return home presenting signs of improvement.

Tallahasse, Florida, is two hundred and ten miles from St. Augustine. To winter here, from sufficient reasons, is not worth the trial. Savannah, Georgia, for the winter is not at all desirable. The sudden changes, poor water, and the fogs from the old rice fields had better be avoided by Northern consumptives. Augusta (Georgia) is much to be preferred. Being a handsome thriving place, very like a northern city, and has many inducements to offer the invalid to winter there. The changes of temperature are sudden, however.

Charleston, South Carolina, with its elegant houses, streets lined with ornamental tree, fine gardens and profusion of shrubbery and climbing vines, covering the neatly painted piazzas, give the city a warm, cheerful look. Charleston will suit a class of consumptives who wish to be in easy communication with the North.

## GRANULAR DISEASE OF THE LIVER, AND OLD VALVULAR DISEASE OF THE HEART; SUDDEN DEATH FROM HEART CLOT.

By A. P. Dutcher, M. D.,

Of Cleveland, Ohio.

April 18, 1868. Called this day to attend Mr. ——, aged 56. Merchant by occupation; of the nervo-bilious temperament; height five feet eight inches; weight in health 145 pounds; has no hereditary proclivity to any disease; parents both lived to old age. Has had a very active, laborious life, and has enjoyed remarkably good health, with the exception of a few attacks of intermittent fever, which he had when a young man, and acute rheumatism eight years since. Has always been fond of good living, and at times indulged too freely in the use of ardent spirits. By industry and economy has accumulated considerable wealth, and is well situated to enjoy it, if he only had health; this has been gradually failing him for the last six months, during which time he has been attended by three physicians, and taken much medicine, without any special benefit. To-day he is feeling badly, and begins to think that he has not long to live, unless he can speedily find some relief for his accumulating ills.

Present Condition. Pulse, in the recumbent posture, 78 per minute, rather strong and intermitting; respiration 25 per minute; tongue covered with a thick yellow fur; skin hot and dry during the day, at night bathed with profuse perspiration; has been annoyed with this for months; bowels always costive; urine normal in quantity, highly covered with purpurine, specific gravity 1030; heat and nitric acid show no albumen, and after standing for twelve hours, it exhibits under the microscope the following: epithelium from the bladder, a large number of spindal shaped crystals of uric acid, and globular crystals of tyrosine. Microscopical examination of the blood revealed a marked increase of the white corpuscles. The feet and legs were œdematous; the abdomen gave evidence of containing a considerable accumulation of fluid in the peritoneum; the superficial veins of the abdomen were enlarged on the right side; there was tenderness on pressure all over the epigastric region; on the right side, just beneath the costal parietes, the sharp edge of an indurated liver was clearly defined.

On inspection, the chest was well formed; no inequality could be detected in the respiratory movements of either side; they were, however, more intercostal than natural. On percussion there was slight dulness over the base of both lungs. On auscultation, the respiratory murmurs were distinct, and the general character of the breathing more bronchial than usual; sonorous rhonchi was heard in the larger bronchi, and loud bellows murmur in the cardiac region, just over the third intercostal space, near the sternum. The heart's force is strong, and its rhythm perverted.

He has a slight cough, and occasionally expectorates glairy mucus, streaked with blood; complains of dyspnœa; is annoyed with flatulence, and a sense of great tightness in the stomach; has a good appetite, and would like to indulge it, if it were not for the suffering incurred; sleeps well at night, and would be refreshed by it, if it were not for the profuse perspiration. He is considerably emaciated; countenance rather sallow, with slight jaundiced tint of the conjunctivæ; the lower extremities are covered with numerous small purpuric spots. His strength has quite failed him during the last

three weeks; he is nervous, exceedingly anxious, and the general expression of his countenance is that of one suffering with serious organic disease.

Diagnosis. This appeared to be clear. Old valvular disease of the heart from rheumatic endo-carditis, and granular disease of the liver from the use of alcoholic stimulants.*

Prognosis. This was not promising. The patient's vital powers were giving way under the mutations of his complicated disorders. Nothing was promised but a mitigation of his more pressing symptoms. Granular disease of the liver always proves fatal, if it is not arrested in the first stage; here it has unquestionably attained the second, or incurable stage.

Treatment. The principal indications appeared to be two; sustain the vital powers, and remove the dropsical effusions. Iron, quinia, and gentian, were prescribed for the first, and the following for the latter:

℞. Tinct. colocynth,
Tinct. digitalis, āā f.℥ss.
Aquæ font., f.℥iijss. M.
Sig. A teaspoonful three times a day.

Further History of the Case. Ten days of the above treatment arrested the night sweats, diminished the dropsical effusions, improved his digestion, and increased his strength. He had but little dyspnœa, or tightness in the epigastric region. His mind became more cheerful, and he spent four or five hours a day at his store. But this taxed his strength too much, and making very little further improvement under my treatment, he concluded to relinquish the cares of business, and take a trip to St. Paul, Minnesota.

He left his home on the 7th of June; endured the journey well. For some days he appeared to be improving, when all at once his dropsical troubles became so annoying, that he was compelled to call in a physician, who, from a very superficial examination of his case, assured him that his kidneys were the chief organs diseased, and if he could get them to act properly, he would soon be better. He prescribed the most stimulating diuretics without avail; indeed, his symptoms became so alarming, that his medical attendant ordered him home.

He returned on the evening of the 2d of July, and I was sent for the next morning. His general symptoms were about the same as they were at the time he went away, with the exception of the dropsy; this had increased greatly. The limbs and abdomen were enormously swollen; the abdomen, in particular, appeared to be so full of fluid, that it could contain no more. As his kidneys had always failed to respond to stimulating diuretics, I saw no way of mitigating the latter difficulty but by paracentesis, or the administration of hydragogue cathartics. As the patient stoutly objected to the former, the latter was employed according to the following formula:

℞. Mass. pill hyd., gr. v.
Pulv. digitalis,
Pulv. scillæ,
Pulv. gambog., āā gr. x. M.
Ft. in pill no. x.
Sig. One pill every six hours.

Three of these pills produced copious evacuations of water from the bowels, and materially increased the urinary secretion. This diminished the swelling in the abdomen and limbs very much. He could now breathe better, take more nutriment, and expressed himself as feeling very comfortable. The pills were continued at longer intervals, and two grains of quinia were ordered every six hours.

At this period of his illness, by special request of the patient, Prof. G. C. E. Weber met me in consultation, and after a protracted and minute examination of the case, coincided with me as to diagnosis and treatment.

For several days the patient appeared to be gradually improving, when new symptoms developed themselves, of a more formidable and fatal disorder—*heart-clot*. This terminated his existence on the morning of the 13th.

Autopsy, sixteen hours after death, conducted by Dr. D. B. Smith, assisted by Prof. Weber and myself.

Body considerably emaciated.

*Chest* contained about one quart of straw-colored serous fluid.

*Lungs* congested, but in other respects healthy.

*Bronchial mucous membrane* very red throughout, otherwise normal.

*Pericardium* much thicker than usual, and contained nearly four ounces of clear serous fluid.

*Heart* slightly enlarged, the left cavities being the parts principally affected. The three orders

* The term *cirrhosis*, as applied to this disease of the liver, we consider as a misnomer. It does not express the pathological condition of the organ at all. It simply states its color, and nothing more. Cirrhosis is the Greek (κίρρος) for yellow, and may with equal propriety be applied to several other diseases of the liver, where the color of the organ is more yellow than in this; we have marked examples of this in acute atrophy of the liver and syphilitic hepatitis.

of carneæ columnæ were indurated and thickened. The mitral valves were thickened, and one of them very much ossified. The left auricle was slightly dilated, and its lining membrane thickened; the opening forming the pulmonary vein was enlarged. The lining membrane of the ventricle was opaque, thickened, and indurated. The mitral orifice was contracted. The aortic valves were normal. A fibrinous clot of considerable magnitude occupied the left ventricle, extending far up into the aorta. The formation of this clot was the immediate cause of death. The anatomical lesions just described were of long standing, dating back to the acute rheumatic attack. The muscular structure of the heart presented no evidence of recent disease.

*Abdomen* contained about two quarts of a faintish-red serous fluid; the peritoneum looked a little congested, but in other respects normal.

*Stomach* rather larger than usual; mucous membrane healthy; muscular coat somewhat thickened; vascular coat very clearly defined, as it always is in individuals who have been addicted to the habitual use of alcoholic stimulants. Intestines normal.

*Spleen* somewhat enlarged and indurated, exhibiting marks of antecedent inflammatory action.

*Kidneys* perfectly healthy.

*Bladder* healthy.

*Liver.* This presented all the pathological characteristics of granular or "hob-nail" liver. It was slightly diminished in size, much paler in color than usual, its surface contracted and puckered, forming globules that resemble the head of the hob-nail. They were of various sizes, and appeared to be composed of the parenchymatous substance of the liver, encapsulated by a firm membrane, which extended throughout the whole, rendering it exceedingly dense and firm.

A microscopical examination of this membrane showed it to be fibroid, an epigenesis of inflammation. Such being its pathological nature, one can see clearly how it produces those alterations in the configuration of this organ that constitute so marked a feature of this malady. Inflammation being excited in the inter-lobular spaces, lymph is exuded; but owing to some cause it is not absorbed, and the result is the construction of the new membrane just named, which, obeying one of the laws that belong to structures of this class (fibrous tissue), while going through the process of formation, contract, and thus draw together the parenchyma at certain points, and produce the globular or nobulated condition that we define granular disease of the liver.

But in this case the contraction was not confined to the parenchymatous substance alone; it extended to other structures. The bloodvessels that supply the lobules were also affected. The membrane which naturally surrounds them in health, was morbidly thickened and contracted, no doubt exerting such pressure upon them as to obstruct the free passage of the blood. Hence portal congestion, serous effusion in the peritoneal cavity and extremities, with all their sequence, that proved so painful and annoying to our patient, and at one time so seriously threatened his life.

General Remarks. During the last three years I have met with five cases of granular disease of the liver similar to the one just described. In all of these there was co-existing disease of the heart. All had suffered with acute rheumatism, and all had been intemperate in the use of alcoholic stimulants. To what extent this disease prevails among inebriates, in the present state of our knowledge, it is impossible to tell. One thing, however, is pretty certain, the disorder is seldom met with in individuals who are abstemious in their habits, and ignore the use of all intoxicating drinks. This has been clearly shown by a few statistics, that have recently been published in the London *Lancet.* In one table twenty cases of this disease are reported, and out of this number seventeen were habitual topers, and it was not atogether certain whether the three remaining were free from the ignoble habit. If this table be correct, we may say positively, that this disorder is confined exclusively to those who are inebriates.

But thousands drink ardent spirits who never suffer from granular disease of the liver. How do you account for this? Simply upon the mode in which they are drank. Take for example whisky, the most common article of this class, let it be drank neat, or with very little water, upon an empty stomach, the injury inflicted is tenfold greater, than where it is taken largely diluted. The reason for this is obvious. When swallowed in this manner it is speedily absorbed, and carried at once into the liver, where it excites a slow progressing inflammation in the inter-lobular spaces, which results in the formation of the fibroid membrane just described, and all the various phenomena so characteristic of this disease in its second or last stage. This was the mode in which our patient commonly drank it, and fifteen of those cases referred to in the above table.

How long an individual may abuse his liver in this way, without fatal injury, is not positively

known. In most instances the progress of the disease is very slow, and its symptoms very obscure, particularly in the first stage, that is before the destruction of the minute branches of the portal vein, which is usually evinced by the nobulated surface of the liver, dropsical effusions in the peritoneal cavity, enlargement of the superficial veins of the abdomen, and frequently co-existing enlargement of the spleen. In the case of my patient, I am well satisfied, that this disease had been gradually undermining his health for some years, and with his known habits, it is a little derogatory to the diagnostic skill of his former physicians that they never discovered it. Indeed, even after I had assured him most positively, that his liver was more at fault than his heart, one of them spent some time in trying to convince him that it was perfectly sound. Three months before my first visit, the symptoms of granular disease of the liver were as pronounced as on that day, and how any scientific physician could have treated him from day to day and not detected it, I can only attribute to downright stupidity or carelessness.

What influence the co-existing heart disorder had in causing the liver trouble and his death, is a question on which opposite opinions might be entertained. I believe it had but little to do with either. If the liver had maintained its integrity, he might have lived for years with his crippled heart. I am acquainted with a number of individuals in this city, who are apparently in the enjoyment of good health, and some of them are engaged in active and laborious pursuits, whose hearts are in no better condition than our patient's was at the time of his death. All the lesions of this organ, discovered at the autopsy, were old, dating back no doubt to his acute rheumatic attack. I do not believe that the cardiac disease and the liver disorder had any pathological connection, their existence was merely a coincidence. When granular disease of the liver occurs as the result of cardiac trouble, it is of a very different form, and could not be mistaken by any enlightened pathologist for the one now under notice. The chief lesions in this instance are found in the capillaries of the hepatic veins on the surrounding secreting cells, and not in the inter-lobular spaces. These cells become shriveled, so that portions of the lobules sink down, while the portions occupied by the portal vein project as fine granules, presenting an appearance quite different from the nobulated liver of the inebriate.

In reflecting over the management of this case after it came under my care, I feel confident that no special benefit was derived from any medical treatment after the second week. It is true, the annoying night-sweats were arrested, there was a marked diminution of the dropsical collection of the limbs and peritoneum, and considerable improvement in strengh, but in other particulars there was nothing flattering. His trip to Minnesota, and the medical treatment he received while there, I shall ever regard as a great mistake. The discontinuation of all tonic medicines, and the administration of powerful stimulating diuretics, in the condition the patient then was, could only add to his troubles. Paracentesis or the employment of hydragogue cathartics in connection with the tonics, would have been much better practice. In all cases of this malady where the peritoneum is tensely distended by serous effusions, I have never found much benefit from the administration of diuretics alone. After parencentesis, or the evacuation of the fluid by way of the intestinal mucous membrane, they do much better. I believe the rule so generally adopted by many practitioners of delaying the operation of tapping until the last moment, is to say the least of it, exceedingly questionable. My experience teaches me that it should be resorted to much earlier than it usually is. I have the history of three cases of this disease, where there was progressing serous effusion in the peritoneum, which were greatly mitigated by an early operation, and the subsequent use of tonics and non-stimulating diuretics. In two of the patients there was considerable albumen in the urine before the tapping, but speedily disappeared afterwards. In all of these cases this treatment so restrained the dropsical effusion, that subsequently it never became troublesome.

### The Insane.

The report of the Superintendent of the Missouri State Lunatic Asylum shows the institution to be doing a most excellent work. The total number of patients during the past two years is 565; number discharged during the same time, 305. The expenditures of the Asylum for two years were $151,834, and the receipts were $153,372. The cost of maintenance of each patient was $3 52 per week, which is stated to be $1 72 less than the average, and forty-two cents lower than the cheapest asylum in the United States. It is also stated that the colored insane are rapidly increasing, there being about one to every 1,000 of the colored people. Special legislation for their benefit is recommended.

# Hospital Reports.

Pennsylvania Hospital,
*Philada., Nov.* 7, 1868.

## Clinic of J. M. Da Costa, M.D.

Reported by Dr. Napheys.

### Kidney Complication in Intermittent Fever.

Catherine S. This patient was admitted to the hospital four or five days ago, on account of intermittent fever, quotidian type, from which she had suffered for a week prior to admission. There was nothing peculiar about the case as regards the intermittent fever, which was treated in the ordinary way with quinine, twelve grains a day; for the last two days she has had no chill. The patient has a markedly malarial face, the skin is sallow, slightly yellow, the eye of pearly hue, and there is an expression of depression about the countenance which is very characteristic.

The peculiarity of the case lies in the kidney complication, which consists in the presence of renal epithelium in the urine. Sp. gr. 1029; no albumen, sugar nor casts. The kidney is shedding epithelium, a disordered action not unlike what is met with in other blood affections, in scarlet fever for instance. In scarlatina, however, albumen and tube casts are generally present, which is here not the case.

This shedding of renal epithelium going on during convalescence from malarial fever would seem to have some connection with the malarial poison. The examination of the urine will be continued to ascertain whether the desquamation ceases completely with the cessation of the malarial disease.

The patient was placed on the tincture of the chloride of iron, twenty minims ter die, and the quinine reduced to eight grains a day.

### Effects of Heat-Stroke.

Charles R. has been in the hospital some time. He is a laborer of healthy family, with no history whatever of any constitutional taint. During August last he was very much exposed to the heat of the sun. Although not rendered insensible, he was made very giddy and ill by the exposure, and obliged to give up work. This form of heat-stroke is quite as severe in its consequences as that in which the person is rendered perfectly insensible. He has not been the same man since its occurrence, but has suffered from vertigo, unsteadiness in his gait, and trembling. The trembling is more particularly produced when any motion is attempted. It is confined to the arms and legs, never affecting the face. When he was admitted it was painful to witness the tremulous action of the muscles of the extremities when he attempted to move or walk. His case is now very much what it was on admission, excepting that it is far less marked; the trembling is not nearly so great, the vertigo is not so severe, and he walks better.

What has been the matter with this man? He is laboring under the direct effects of sunstroke. The symptoms still present are caused by the depression of the nervous system and the altered state of the blood that heat has produced. It is not a case of softening of the brain; the history is against that supposition. Moreover, although a certain amount of tremor happens in some cases of softening, want of power of the muscles is a much more prominent symptom, and this man has no want of power. He has a well developed biceps muscle, and there is no evidence anywhere of any distinct weakening of the muscular apparatus. There is also an absence of headache. Having thus excluded softening, it is necessary to examine into the cardiac phenomena, for it will happen in rare cases, where disease of the heart exists, that portions of the fibrinous, or even of the so-called bony concretions on a valve, are washed into the circulation, and that marked tremor, with vertigo, occurs as a consequence. So well known is this fact, that some of the very ablest pathologists now believe that in chorea and in the various forms of paralysis agitans, which bears a still closer likeness to the disease presented by this patient, there is a plugging of the smaller cerebral anteries with emboli. Therefore, it is always important in a case of tremor, particularly when it appears to have come on suddenly, to examine into the condition of the heart, to see whether there is reason to suspect embolism. In this case there is no disease of the heart present. Again, certain forms of tremor are produced by working in mercury, by the excessive use of tobacco, and by excessive venery. The history in this instance at once sets aside any such causes. A perfectly healthy man, working as a laborer, is exposed to the sun, becomes giddy, and has been giddy and trembling ever since. There is no evidence of there having been any cachexia. His occupation is not one which exposes him to any poison, and there is every reason to believe his habits are very exemplary. There is only one other affection to be considered, and that is locomotor ataxia. The uncertainty of gait which this patient presented at one time, might lead to the supposition that it was a case of locomotor

ataxia. But this man has never presented the least evidence of a want of the power of cöordinating his movements. Moreover, trembling is very rare in locomotor ataxia; it is the exception, not the rule. And that disease is almost always limited to the lower extremities; here the upper and lower are affected alike. In the vast majority of cases of locomotor ataxia there is impairment of sensibility, the patient does not feel the ground he treads on. There is no such impairment of sensation in this case, and there is also an absence of the sharp pains which belong to that diseass. He never suffers pain, not even in his head; he feels inconvenience from the vertigo, but that is all. Thus, then, the case is shown by exclusion to be one of tremor from heat stroke, with consequent alteration of the blood. The brain is probably the portion of the nervous system at fault, and judging from clinical evidence, it is in the corpus striatum that the circulation has become more particularly disordered.

With this view of the case the man ought to improve on nervous tonics, phosphorus, nitrate of silver, and cod-liver oil. Moreover, on account of the vertigo, derivatives acting on the bowels, and counter-irritants at the back of the neck ought to be used. This treatment has been followed, and the result proves its correctness. He at one time took iron, which was exchanged to nitrate of silver, and now, because of the danger of discoloration from the continued use of the nitrate, he is taking, instead, oxide of silver, one-half a grain ter die. He is also taking a tablespoonful of cod-liver oil three times a day. He has good nourishing food. Occasionally he takes a seidlitz powder, or a dose of cream of tartar, and has a blister applied to the back of the neck.

# Editorial Department.

## Periscope.

### Pharmacology of the Alkaloids of Cinchona.

By Dr. W. Bernatzek Translated from the German by Dr. M. Pflaum.

Most of the salts of the alkaloids of cinchona, which are in use, especially the neutral ones, are not soluble enough for hypodermic injections. The salts of all the different bases are rendered soluble by the addition of muriatic acid better than by any other acid; it changes greater quantities of the neutral salts into acid ones than even sulphuric acid. For instance, if to ten grains quin. sulph. be added 7 gr. acid. hydroch. dil. (ph. austr.) and thirteen grs. water, a solution is formed in the proportion of 1-2. In order to try the practical application of the different preparations, the writer made several experiments with dogs, injecting differently strong saturated solutions, with the intention to learn whether the local phenomena, which so frequently occurs, are a result of the chemical constitution of the alkaloids, or of the quantity of the alkaloid applied, or of the surplus of the acid used for the solution of the alkaloid. The results of these experiments are as follows:

1st. Neutral lotions of the salts of quinine and quinidine even weakly concentrated are more apt to produce inflammation and suppuration on the place of the injection, than the acid ones.

2d. The quantity of the alkaloid, no matter which preparation be used, decides the degree of the effect on the whole system. The physiological action of both of the alkaloids was the same, only the quinidine seemed to be a little more effectual as 100 milligrams* to one kilogram,† bodily weight caused the death of the animal, whereas 110 milligram quinine to one kilogram only produced a very violent intoxication. Vomiting occurred frequently after the injection of both of them, and always when the dose reached fifty milligrams to one kilogram body weight; it seemed to have a beneficial influence on the course of the poisoning, though there could not be found a trace of the alkaloid in the sputa. Just of the same result were the experiments with quinoidin salts, of which the quinoidin muriat. is preferable to all the others on account of the great quantity of the alkaloid contained in it and its constability. The fatal dose seemed almost exactly 120 milligrams to a dog weighing one kilogram.

Finally, the writer tried cinchona, the result of which is that its action is much weaker than that of the above-named salts. It proved to be fatal when the dose reached 150 millograms to a dog of one kilogram; the course of the following phenomena was much slower, and vomiting occurred only once, and that in a very small degree, the local reaction was insignificant. The different physiological action of cinchona from quinine and its isomerics seems to be caused by their different solubility, the former being not soluble at all in cold water, only very little in hot water, (2500 parts) and not rendered more

* 1 milligram is equal to 0.154 grs. Troy weight. Transl.
† 1 kilogram is equal to 2.67951 pounds Troy weight. Transl.

soluble by the addition of volatile alkali, whereas freshly precipitated quinine is soluble in 350 parts of water, and in still less after the addition of volatile alkali.

As the writer, according to the above, had not found any essential difference between the physiological action of quinine and quinoidin, he furnished physicians in Vienna pure salts of the latter alkaloid, to try their effect on intermittent fever patients. In thirteen such cases, a single dose of twelve grains of the muriate, acetate or citrate of quinoidin was sufficient to prevent further attacks or to abort them; in the fourteenth case the medicine could not be borne. On the other hand such favorable results did not appear in those cases in which Dr. Loebl tried the salt; he found that the muriate of quinoidin is about a third part weaker than the sulphate of quinine. The transition of the quinoidin into the urine was demonstrated twice. The subcutaneous application of quinoidin was of no satisfactory result, although the fever was decidedly influenced, for it produced too violent inflammation and even gangrene on the place of the injection.

At the clinic of Professors Duchek and Braun in Vienna, the carbolate of quinine was tried in cases of puerperal and typhus fever; it seemed to act beneficially on most of the symptoms. As sometimes the pills, in which form it was administered, came off unchanged, the writer gave for a trial small wafers saturated in an alcoholic solution of carbolate of quinine sprinkled with amylum; but vomiting occurred after the administration of the medicine in such a form, probably caused by the carbolic acid set free in the stomach. Quinine as well as carbolic acid were found in the urine.

### Calomel.

Dr. M. G. Potter read a paper on this subject before the Buffalo Medical Association, on the evening of May 5th, 1863, which is reported in the *Buffalo Med. and Surg. Journal* of June. The paper is a very good resumé of the present state of our knowledge, but contains little that is new, except the suggestion that it would be possible to settle the question, by examining the stools chemically, so as to discover whether the use of calomel increases the amount of stercorine passed, since stercorine being altered cholesterine, the amount of the secretion of the latter could thus be measured.

Dr. Lothrop, in reply, denied that the quantity of stercorine which escaped from the body gave any absolute measure of the quantity of bile secreted, declaring that stercorine is the representative of the excrementitious portion, and that there is no reason to believe that the relation between the amounts of the secretory and excretory portions of the bile is a fixed one.

In the *New Orleans Journal of Medicine* for October, Prof. Warren Stone, Jr., gives strong testimony to the value of calomel, when used with judgment. He thinks its first action is upon the mucous membrane of the bowels, and that when this is engorged, as in the so-called bilious attacks, calomel relieves the congestion by promoting free secretion. The dark "bilious stools," as they are called, he thinks are composed chiefly of the vitiated secretions of the mucous membrane, especially of the upper bowels.

# Reviews and Book Notices.

### NOTES ON BOOKS.

Orange Judd & Co., N. Y., send us two beautifully illustrated annuals for 1869. The *American Agricultural* and the *American Horticultural* annuals. They contain, besides an almanac and calendar, an immense amount and variety of useful, practical information for the farmer and gardener. Paper covers 50 cents, cloth 75 cents.

The *Hearth and Home* is the title of a new weekly issued in New York, under the auspices of Pettingill, Bates & Co. as publishers, and Donald G. Mitchell and Harriet Beecher Stowe as editors, and Joseph B. Lyman and Mary E. Dodge as associate-editors. The paper is intended for the Farm, Garden and Fireside, and the numbers already issued give promise of great usefulness. The team is strong and ought to draw well. If an apology is needed for the illustration it must be had in the associations.

—— The Caledonia County, Vermont, Medical Society met at Barnet on Wednesday, Jan. 13th, and elected the following officers:

*President*—S. T. Brooks; *Vice-President*—J. W. Copeland; *Secretary* and *Treasurer*—H. C. Newell; *Executive Committee*—C. S. Cahoon, D. M. Merrill, B. F. Baton.

—— To remove the bitterness of sulphate of magnesia, which is the chief drawback of this useful saline aperient, it suffices, according to the *Bulletin de Thérapeutique*, to boil a little coffee in the solution of the sulphate; the flavor of the coffee masks that of the medicine. The flavor of the decoction of senna may be covered in the same way.

Medical and Surgical Reporter.

PHILADELPHIA, FEBUARY 6, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

## CONCERNING HERESY.

Our editorial a few weeks since on "The Microcosm and the Macrocosm," has brought down upon us the theological thunderbolts of a religious paper in this city. Now in our innocence we thought we were assisting orthodoxy, by showing that the materialism of the present day was utterly illogical and self-destructive as a philosophical system. That we ourselves should be charged with holding the very views which in Vogt and Moleschott we were attacking, is a remarkable indication of the keenness of scent (and bluntness of intellect?) of heresy-hunters. The dogmatist may indeed exclaim *non tali auxilio nec defensoribus istis*, but he should have his eyes sufficiently open to tell a friend from a foe, even though he may appear in what seems at first a questionable shape.

There are scientific facts, true as any revelation, against which whoever strives does but dash himself against a wall. The part of wisdom is to accept them, and fearlessly to see how they square with religion; full of faith that whatever is true and real in this will not be even most remotely touched by any result of science. The man who has not this much faith, does little credit to his creed, whether it be contained in the canons of Trent, the Westminster Catechisms, or the Thirty-Nine Articles.

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

## AGRICULTURE IN SOME OF ITS MEDICAL RELATIONS.

In this journal we have repeatedly emphasized the interest which the various departments of agricultural enterprise have for the enlightened physician, and have repeatedly censured as narrow, short-sighted, and every way unworthy of broad and liberal professional views, that species of contempt with which veterinary medicine and surgery are so often treated in this country.

An apposite document to illustrate further what we deem the importance to us of these branches, is the last report of the Commissioner of Agriculture, the Hon. Horace Capron.

He tells us that in the fiscal year 1867–8 the prevalence of fatal maladies among all varieties of farm animals, resulted in the annual loss of not less than $50,000,000. The past year has not been one of peculiar misfortune in this respect, except in the dissemination of the splenic fever, commuuicated by Texas cattle; yet horses, mules, sheep, and swine have all suffered from the local prevalence of malignant forms of disease against which little veterinary skill is opposed, and little more than empiricism and superstitious folly is practised. A disease may suddenly decimate the cattle or horses of a neighborhood, the only popular knowledge of which is the statement that it is a murrain or distemper. A disease exists locally in several of the Southern States, by which the total loss of a plantation's stock of horses and mules not unfrequently occurs, with scarcely an effort or hope for a cure. The annual losses in swine cannot be less than $10,000,000 or $15,000,000, by the disease commonly known as "hog cholera," for which no remedy has been found; and prevention has proved difficult and uncertain.

On the breaking out of the splenic fever at the halting places of Texas cattle during the past summer, Mr. Capron commissioned Professor John Gamgee, of the Albert Veterinary College of London, to investigate its character and causes and the means for its prevention. The labor was undertaken at once in several western States, including the Texas cattle stations of western Kansas. Post-mortem examinations, not only of diseased native stock, but of the cattle from Texas, were repeatedly made, and their results carefully recorded, all tending to connect the migrating herds of the Gulf coast unmistakably with the existence and spread of the disease. The report of this investigation, enriched with valuable material collected by the statistical division of this Department for a history of the

outbreak, will be presented to Congress at an early day, together with a statement of the previous history of this disease in this country, and chromo-lithographs of internal organs of animals dying from the disease.

Now we perfectly well know that many diseases of cattle, as of men, have their origin and distribution in the unnatural and unhealthy conditions of their growth and management, naturally resulting from what is termed our civilization. These diseases belong to the class of ailments which are preventible. Their causes are known, and means of prevention are at our disposal; and if an enlightened state of public opinion leads to the formation of societies for the prevention of cruelty to animals, a higher appreciation of the dependence of domestic animals upon us, not only for food but for care and protection from disease, should lead to the formation of establishments for the study of cattle in health and disease, and the training of a class of practitioners who would bring the highest medical skill to the treatment of our domestic animals. If motives of humanity should fail to influence, self-interest, in view of the annual losses of millions of dollars in valuable property, should be a potential inducement to prompt action in this direction. The formation of veterinary colleges —not for the treatment of animals, but for the education of a class of practitioners of skill and science, who might become beacons, warning the proprietors of stock of the approach of disease, and pointing out the means of prevention—is recommended in warm terms.

Another interesting point in the Report is the introduction of the cinchona plant.

It is proposed to propagate, cultivate, and distribute it among agriculturists. European governments, possessing intertropical colonies, have already taken the lead in the introduction and acclimatization of medicinal plants within their own limits. Mr. Capron calls attention to the necessity which has arisen within the last few years for the initiation of prompt measures by the government to obviate the results of the extinction of the cinchona forests on the Andes, which is caused by the negligence of the governments of Peru, Ecuador, and more northern Andean states. The experiments of England, Holland, and other countries, have shown how readily new plantations of cinchona trees may be established in suitable localities, how rapidly the species becomes acclimated, and how early it yields satisfactory returns, and how easily such enterprises are popularized and rendered profitable. The supply of quinine has become a necessity of existence, not merely as a cure, but as a prophylactic agent. During the late war many thousand lives were saved by its use alone. In view of the approaching extinction of the cinchona species, he recommends that an appropriation be made by Congress to introduce it, and to propagate and establish a cinchona plantation under the care of the Department. The attention of the public was called to this subject in the annual report for 1866, and the present is a fitting time for carrying into effect the plan there recommended.

## THE CINCINNATI HOSPITAL.

Early in the present month (January), an event of medical interest occurred at Cincinnati. It was the opening of the new hospital there. It cost nearly a million dollars, and is perhaps the very finest hospital building in the New World. It stands upon a large plat of ground that extends north and south along Central Avenue and Plum streets, (its western and eastern lines,) 448 feet, and 340 feet upon Twelfth and Ann streets, (its southern and northern boundaries.) It stands entirely separated from other property, thereby giving it an advantageous situation, where light and ventilation, the two chief points, can be obtained from every quarter. Along its eastern boundary, Plum street, a few feet from the hospital sidewalk, runs the Miami canal.

The building itself was planned by Mr. N. C. Nash. It is a sort of hollow block or square, in the centre of which has been placed a large fountain, which, during the hot days of summer, will gently throw out many trickling streams of fresh, cool water, moistening the atmosphere, and refreshing the shrubs and flowers.

It consists of eight almost wholly disconnected buildings, and has the appearance of one large and massive structure. The central portion and main entrance are situated on Twelfth street, about midway between Central Avenue and Plum street, and is termed the Administrative Department. The dimensions of this portion of the establishment are as follows: Seventy-five feet wide by fifty feet deep, supporting a main entrance, with a spacious hall directly through the middle. Upon the first floor of this block the Superintendent and family have their apartments, which will be comfortably fitted up; and appropriate departments, such as an apothecary room and dispensary, pathological museum, reception rooms, and a library for the resident physician, are arranged.

The basement has convenient rooms for storage purposes, and for the examination of drugs,

There is also a laboratory, laundry, and drying chamber, bathing-rooms, cellars, and other places of a similar character, besides the dining-rooms for the family and officers of the institution.

The second story is devoted to the accommodation of officers for sleeping-rooms, and a few private wards are on this floor, for patients who wish to have extra care, and are able to pay for it.

The third story contains a large room that is intended for the operating lecture-room, with seats for the accommodation of some seven hundred and fifty students. The light for this room is derived from a large skylight, and from a number of large windows at the end and along each side of the room. In addition to this lecture-room, there are apartments expressly adapted for patients, both before and after operation, rooms for operators and their instruments, lava tory, and bath-room. There is also a lift communication with each of the lower stories.

There are six wards or pavilions of three stories high. There is also a post mortem room, a mortuary, kitchen, bakery, engine room, porters' lodge and servant's hall, and dormitories, in this portion of the building.

The different structures are connected by corridors, that are intended to be thrown open during the summer to obtain a free circulation of pure air, and to be closed during the winter. The establishment throughout is heated by steam. In the wards, coils of pipe are placed in heated air-chambers, and in the halls and basement a direct radiation procured from steam tables.

The walls of the entire building are composed of brick, with sandstone finishing around the doors and windows. The upper stories, all the way around, are finished in the latest French style, with Mansard roof of slate of variegated colors.

In fact, both for elegance, convenience, and judicious hygienic arrangement, it were hard to point to the superior of this hospital.

## THE CASE OF DR. WARING.

Dr. James Waring, of Savannah, Ga., has, we understand, brought suit before the coming term of the Superior Court of Chatham county, against the Georgia Medical Society, incorporated in 1804 by a public law for exclusively humanitarian and scientific purposes. The allegation is his expulsion, by secret ballot, for his politics. The matter will be brought before the American Medical Association, which meets on the first Tuesday in May next, at New Orleans.

The specifications for which he was expelled were, that he, in August last, "did become the surety on the bond of one Richard W. White, a person of color, now under indictment before the grand jury for larceny, elected Clerk of the Superior Court of Chatham county, in opposition to the wishes of the entire respectable community, thereby facilitating the qualification for office of said disreputable person, and causing the removal of a responsible and respectable citizen;" that he, at the same time, "did voluntarily become surety on the bonds of Henry Broom, Josiah Grant, David Delgour, and Wm. Mitchell, persons of color, charged with inciting a riot and threatening the life of an old and unoffending citizen, thus upholding persons whose seditious character endangers the peace of this community."

It is impossible for us, with the limited information at our command, to form any opinions in this case. We do not believe that for a mere divergence in political opinions only, the State Medical Society of Georgia would expel a member. Respect for its own reputation would prevent this, and for those traditions of liberal views and free discussion which it has always maintained.

We hope that the proper steps will be taken to put the transaction in its true light.

## THE NEXT MEETING of THE AMERICAN MEDICAL ASSOCIATION.

We hope that the approaching meeting of the American Med. Association will be fully attended by members of the profession from the Northern States. The season of the year, the convenience of access to New Orleans by steamboat, and the well known delightful climate of the lower Mississippi in the Spring, are inducements which should alone decide many a hard worked doctor to take the trip "and so to interpose a little ease."

The expensiveness of the journey will indeed deter many, and this difficulty, therefore, should be reduced as much as possible. A steamboat could undoubtedly be chartered at Cincinnati or Louisville for the round trip, at a very much less rate per person than for each to go by the usual conveyances. While at New Orleans those who wished could take their meals and sleep on board.

All those who are desirous of entering into this arrangement should send their names and address, and the names of the members of their families they might wish to accompany them, to Dr. Wm. B. Atkinson, Permanent Secretary, No. 1400 Pine Street, Philadelphia, Pa., without delay. Let as many as can, conclude to go, as

in this case it is not only the more the merrier, but also the more the better fare and the lower price.

It is understood that unless enough names are received to make this method of taking the journey the cheapest, it will not be adopted.

# Notes and Comments.

### Prepaid Postage.

We have succeeded in including the subscriptions received up to January 13th, inclusive, in the list on which we prepay postage for the current quarter. Subscribers paying hereafter, *to the 1st of April*, will have their postage prepaid from the beginning of the *second* quarter of the year, except *new* subscribers, who take all the numbers from the 1st of January, who will have their postage prepaid from that date.

We can only prepay postage from the *commencement* of each quarter.

### The Half-Yearly Compendium.

The third number, (Jan. 1869), of the Compendium will soon be sent to subscribers. Readers will find in it a full exposition of Cohnheim's new pathological theories; a valuable statistical article on opium poisoning; full and valuable notes on hypodermic medication, and on medicinal inhalations; also on the action and therapeutic value of bromide of potassium; and an article on epilepsy, all collated from various sources, besides a carefully prepared summary of the literature of the preceding six months, in all the departments of medicine and surgery, and the collateral sciences. There is no other publication in the English language which is so extended and systematic as this, embracing the medical literature of all countries and languages. The Compendium is an *original work*, the material carefully selected, and condensed for it by a corps of collaborators, who are well known to the profession—not the appropriated labors of British writers. It has been remarkably well received, both at home and abroad.

The *British Medical Journal*, Jan. 9th, says:

"The Half-Yearly Compendium of Medical Science,—(Philadelphia, S. W. Butler, M. D.; London, Stevens Bros.), is a retrospect of medience, which is of the highest interest to British authors, and we warmly recommend it to them. It not only contains all that Braithwaite or Ranking give of British and continental extract, but it draws largely from native sources, which are little known and appreciated here."

### Wanted—A Professor!

Not long since a card was inserted in our columns calling for a candidate for a Professor's chair in a Medical Institution in a neighboring city—with what result we have not been apprised. But professional honors do not often go a-begging long, albeit they are sometimes costly.

Any competent person desiring a chair of Physiology in a State Medical Institution in the West, may hear of something to his advantage by communicating with us. The compensation the first year will be small, but the prospects are good for a prosperous school. We desire letters from *bona fide* applicants alone, and those who can give satisfactory references as to qualifications. Of course communications will be confidential.

### Extract of Fresh Beef.

Our townsman, B. J. Crew, who is favorably known as a thorough chemist, and whose practical mind has given the profession such useful adjuncts as his spread Mustard and Spice plasters, has introduced a preparation recently, that we doubt not will meet with a cordial reception from the profession. It is a *concentrated Extract of Beef*. Mr. Crew says:

"This preparation represents, in a highly concentrated form, the *pure juices* of the choicest beef, evaporated in the most approved manner *in vacuo*, which enables us to preserve in it the peculiar aroma of the fresh beef.

"It differs from the usual forms of Extract in avoiding in its manufacture the use of the gelatinous portion of the beef—which add to the bulk of the Extract, but nothing to its value."

It is put up in two ounce jars, at $1.25, representing *the nutritive qualities only*, of about three and a half pounds of *the fibre* of fresh beef.

It will be observed that this price is consistent with the market value of good beef, while some of the concentrated beef dealers in the market profess to sell jars at $12 per dozen, guaranteeing that each jar shall represent *twenty pounds* of beef!

Mr. Crew's preparation has every appearance of being exactly what it professes to be, and we have no doubt from the character and professional ability of the manufacturer, that it will give full satisfaction to those who use or recommend it.

### A Criminal at Large.

A correspondent from the West sends us the circular of a villain at Louisville, Ky., who advertises an "Intra-uterine Magnetic Preventive of Conception." It is nothing more nor less

than a uterine sound, of the ordinary make, which he sends for the modest price of $25.00, with full directions how to use it to produce abortion. Such a rascal should be summarily dealt with. Is there no law in Kentucky by which he can be sent to the penitentiary? Will not the Medical Society in Louisville act in the matter?

We will send his name, address, and a copy of his infamous circular, to any one who will agree to act against him.

### Mong Shaw Loo.

Mong Shaw Loo, the Burman convert who graduated from the Baptist university at Lewisburg, Pa., and subsequently took his medical degree at Cleveland Medical College to qualify himself for mission-work among his countrymen, recently visited Mandelay, the capital of Burmah, and received a very flattering welcome from the king and court. Valuable offers were made to him to become physician to the king, on a princely salary.

Dr. Mong Shaw Loo was for several years a subscriber to the Reporter while in this country, and was very anxious to continue receiving it in India, but found that it was impracticable on account of the postage, letter postage being required.

### The Siamese Twins.

The history of the Siamese twins, who have long been residents of North Carolina, is well known in this country. They many years ago visited this city, with the view of having an operation performed to sever the connection between them, but it was advised against. As old age advances upon them, they naturally feel greater solicitude on the subject, because in case of the death of one of them the life of the other may be involved. They are now in Europe seeking surgical advice. An English paper says: "Last week Chang and Eng waited on Professor Syme, at the University, for this purpose. After a careful examination, Professor Syme was strongly of the opinion that such an operation would prove highly dangerous to their lives, and accordingly advised that the operation should not be performed. Sir James Y. Simpson, Bart., also entertained the same view, and the opinions of the two learned Professors may, we think, be taken as conclusive evidence on this hitherto debated point. It is intended, however, to take the opinion of a Paris Professor on the subject."

If one of them should die, and the other survive, an operation with the knife or écraseur would of necessity have to be resorted to, and the result could be no cause of reproach to the operator, as it would be the only chance of saving the life of the survivor. The result would solve the problem whether the operation might or might not have been safely performed years ago. We trust that when this trying time arrives, it will be their good fortune to fall into the hands of an intelligent practitioner.

# Correspondence.

## DOMESTIC.

### Abortion and Retained Placenta.

Editors Med. and Surg. Reporter:

Mrs. L. aborted on the 27th of August, 1868, having been five months pregnant. Her medical attendant was a German "horoscopist." For a number of weeks afterward she had frequent floodings, frequently inducing syncope. During four weeks of this time, the German doctor was still in attendance on the case. He was now dismissed, and an accomplished member of the regular profession called on to take charge of the case. He diagnosed a tumor in utero, and after some six weeks' attendance, and being refused a consultation, abandoned the case. A "doctor woman" was now called in, who gave her teas of various kinds for two weeks more. The case then came under my notice.

Age of patient 35 years; medium height and spare habit; much emaciated, with entire loss of appetite; pulse from 100 to 120; tongue furred heavily; occasional diarrhœa; urine high-colored and secretion much diminished; constant fever, with remissions; irregular chills, with flushing of cheeks simulating hectic; a profuse and disgustingly offensive vaginal discharge; abdominal muscles much attenuated, so that I could readily define size and position of uterus; sense of tenderness, on pressure, over whole extent of uterus; size of uterus at least that of a seven months' pregnancy; fundus projecting above the umbilicus; on external pressure, gave sense of solidity; os swollen and rigid. On this account, I was not able to explore within the os by the touch.

From the ignoramus employed at the fœtal abortion, the floodings, and profuse, offensive, and long continued vaginal discharge, I suspected a retained placenta, and adopted a plan of treatment on this theory of the case. It is unnecessary to give a long history of daily treatment. I overcame the inflammation, swollen and rigid

condition of uterus, by a mild mercurial course, combined with gentle friction, long continued, to the abdomen, with iodinized camphor liniment. I obviated the offensiveness of the vaginal discharge with injections of solution of carbolic acid. Procured freedom from pain and rest at night with anodynes. This plan, with, of course, variations as required, was continued for twenty-seven days, when the tumefaction and rigidity of uterus had subsided, and I extracted the placenta. I thought it best to keep it as a specimen, and still have it in my possession.

I detail this case, to show that nature is not always competent to her own exigencies, and to put on record another case of long retained placenta. I extracted it on the one hundred and nineteenth day after abortion. I likewise report the above case as a guide to future diagnosis, and as another evidence that *post partum hemorrhage* is perhaps generally caused by retention, in whole or in part, of the *secundines*. My patient is not only convalescent, but has charge of her household duties.

L. G. Harley, M. D.

*Wooster, Ohio, Jan.* 13, 1869.

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### Eclampsia Gravidarum.

Editors of the Medical and Surg. Reporter:

In the 26th number of the Medical and Surgical Reporter for 1868, I have read with some interest the report of a case of "Eclampsia Gravidarum," occurring in the practice of Dr. Klingelhoffer, which affords very strong negative proof of the necessity of copious bleeding in like cases. Permit me to give you the following, occurring recently in my practice, as an example of the saving influence of that treatment.

Mrs. C., a young married lady of 25 years, pregnant with her first child, of medium height, rather fleshy, and in robust health, was seized on the morning of January 14th, with convulsions. Her husband stated she was about seven months advanced, and had been ailing for several days previous, complaining of pain in the back, and distress at the pit of the stomach. In the morning previous to the attack, took half a teaspoonful of spirits of camphor to quiet this pain, and at 10 o'clock in the evening eighteen drops of laudnum, the camphor failing to give the necessary relief. At 3 o'clock in the morning the first convulsion occurred, and at half past four I reached the house, and found her just coming out of her third fit. Pulse 100, and small. Countenance flushed, and features distorted. Pupils moderately dilated. Bowels constipated, and urine suppressed.

I immediately bled her 30 ounces; and another convulsion coming on soon after, drew 30 ounces more; applied ice to the head, mustard cataplasms to the calves of the legs and nape of the neck, and ordered an enema, as follows:

| | | |
|---|---|---|
| ℞. | Ol. ricini, | f.℥ij. |
| | Ol. terebinthinæ, | f.℥j. |
| | Aquæ fervent., | Oij. |

To be administered at once.

After the last bleeding partially regained consciousness, and convulsions ceased for two hours and a half.

10 o'clock, A. M. Bowels not yet acted upon, and no discharge whatever from the kidneys. At the expiration of the above period, had another severe spasm. Pulse 100, but fuller. A vaginal examination reveals the os uteri high up in the pelvis, and undilatable. No indications of labor pains. Ordered half a dozen leeches to the temples, and bled her again 16 ounces, sprinkling 15 grains of calomel on the surface of the tongue. Enemas repeated every hour, dispensing with the turpentine.

4 o'clock, P. M. Convulsions have recurred every 45 minutes since the last bleeding. Pupils dilated, but sensible. Total insensibility, and clonic spasms in the interval between the convulsions. Bowels beginning to act freely. Introduced catheter, and drew off half a pint of highly colored urine. Ordered blisters to nape of neck and calves of legs. Enemas repeated.

5 o'clock and 15 min. Another convulsion, but less severe. Re-opened vein, and bled her 20 ounces. Bowels acting freely. Pulse 100, and softer. A digital examination reveals no change in the os uteri.

7 o'clock, P. M. No convulsions since last bleeding. Patient partially conscious. Has passed some water in the bed. Bowels acting freely. Clonic spasms have ceased.

10 o'clock, P. M. No return of convulsions. Patient sensible, but uneasy and restless. Prescribed: ℞. Hyosciami tinct., custen tinct., moschi tinct., valerian tinct., āā ℥ij. Twenty drops in a little water.

12 o'clock, midnight. Patient perfectly rational. Has passed about two quarts of highly colored urine. Pulse 92, and soft. Dressed blistered surfaces.

6 o'clock, A. M. First labor pain manifested. Patient sensible and quiet. Bowels and kidneys have acted freely during the night. Labor pains recurring every ten minutes, etc.

Suffice it to say, at 6 o'clock and 10 m., P. M., the lady gave birth to a dead, seven months' child, after a perfectly natural labor of exactly

twelve hours. Convalescence progressed favorably, and I ceased my visits just twelve days after the occurrence of the first convulsion.

Here was a case of puerperal convulsions saved, I firmly believe, by free and repeated blood-lettings. It is seldom that a practitioner is called upon to bleed so freely as as was done in this case. Had I have known the lady's habit and constitution as well before as since my attendance upon her, I should have bled her at first from the temporal artery, and to syncope, or nearly so. I have no doubt, had I done so, the convulsions would have yielded sooner.

F. E. Martindale, M. D.

*Port Richmond, L. I., Jan.* 26, 1869.

### Puerperal Convulsions.

Editors Medical and Surgical Reporter:

In return for the many interesting cases furnished from time to time, I take the liberty of sending the following, not thinking that there is anything extraordinary, or of skilful treatment in it, but simply the facts.

Mrs. P., æt. 23; second confinement; strong, healthy; a farmer's wife. I was called at 2 P. M. Found the patient in convulsions; she had had in all about sixteen. Frothing at the mouth, biting the tongue, face flushed, head hot, pulse strong, full, and frequent, pupils natural; unconscious the whole time. She had complained of headache the night previous, and was compelled to walk about the room.

I examined the os uteri, and found no indication of labor whatever. The first step, venesection, was performed to the extent of thirty-two ounces, with no abatement of the convulsions whatever. Next the head was shaved, and cold applied, poured upon the nape of the neck, but no improvement. Next an enema of oleum ricini and tiglii, as it was not certain the bowels had moved lately. No abatement. Ice applied constantly in bladder to the head. No appearance of labor still.

Next, chloroform to the extent of two fluid ounces was administered. Improvement was soon visible. I thought of applying it to the spine, but how could it be done under such strong convulsions. I next tried ether, as the chloroform was about done, but the convulsions increased. It was now 6 P. M., and the patient was evidently sinking. What was to be done? To attempt to force labor was contrary to authority. Something must be done soon. Having the chloroform still administered, I found the os a trifle dilated, but no pains. I dilated it by constant and steady pressure, and after a good deal of difficulty, by manipulation and the forceps, succeeded in delivering a female child. The convulsions immediately ceased. She remained unconscious for twenty-four hours afterward, and under a dose of oleum ricini, and twenty-grain doses of bromide potassium, she fully recovered.

W. Noden, M. D.

*Roseneath, Canada West.*

### Functional Neurosis of the Radial Nerve.

Editors Med. and Surg. Reporter:

Mrs. P. began a year ago to suffer from pains and numbness in her right hand. The numbness originated in the ungual extremites of the thumb, index, and medius, and gradually extended up along the dorsal face of the hand and arm to the elbow, where it seemed limited. No history of any cerebral disease, such as vertigo, headache, tinnitus, etc. It seemed a local affection.

Having covered her eyes I pricked her hand and arms and found complete analgesia. By applying cold iron, the sense of temperature was evidently lost, and on tickling with a feather there was no reflex action, showing a paralysed condition of the reflex nerves, or anesthesia. As I had with me no dynamometer, I placed two fingers in her right hand and asked her to press, when I found a muscular weakness equal to no more than one degree of Matthew's dynamometer. With these depraved sensations existed a numbness to such an extent that she could not even feel any object she touched, so that if she lifted any object, however small, and turned away her eyes, the object fell to the ground. In addition to this, co-existed pains, often intolerable, especially in the night, preventing sleep.

The most singular feature of this affection was the intermittent appearance of the numbness and pain. As soon as she put on a thimble or touched a needle the numbness and pain began at the finger extremities and extended upward to the elbow. The thimble and needle seemed to cause this perverted sensation more than any other object. As the affection was entirely limited to the right hand and arm, and the occupation of the woman was sewing, and as the thimble and needle seemed the efficient cause, I decided on a diagnosis of functional neurosis of the radial nerve (as the disorder seemed limited to the distribution of this nerve) of a similar nature as the writer's cramp, *chorea scriptorea.*

I applied electro-magnetism, and the benefit derived was very rapid. After each sitting the numbness diminished, the hand became stronger and the pains disappeared. There are still, after ten electrical applications, occasional returns,

but as the treatment still continues I hope for a complete cure. C. W. Stevens, M. D.

*Charlestown, Mass.*

# News and Miscellany.

—— In *Every Saturday* (Boston, Fields, Osgood, & Co.) for Jan. 30, is commenced a series of papers from advanced sheets, by Baron Liebig, on the "Nutritive value of different sorts of Food," which will be of great value and interest to medical men.

—— On Monday night, Jan. 25, at St. Stephen N. B., a lunatic, named Stephen Jones, killed his sister with an axe and then committed suicide. The young lady was about to be married, which fact is supposed to have enraged her brother. He was but recently discharged from an insane asylum.

*[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

## MARRIED.

Evans—Watt.—Dec. 31st, by Rev. A. McIlwaine, John Evans, M. D., and Miss Isabel Watt, both of Harner, Indiana co., Pa.

Newell—Hayes.—In Rochester, N. H., on Christmas Eve, by Rev. G. J. Abbott, Arthur C. Newell, M. D., and Miss Jennie S. Hayes, both of Rochester.

Pennsyl—Stater.—In Bloody Run, Pa., Dec 26, 1867, by Rev. W. M. Deatrich, P. H. Pennsyl, M. D., late Surgeon U. S. Army, and Miss Sallie Stater, daughter of Capt. Wm. Stater, of the above place.

Reynolds—Allen.—In Keene, N. H., Jan. 21st, by Rev. J. A. Leach, Azro H. Reynolds, M. D., of Barnstin, P. Q., and Miss Emily T. Allen, of Keene.

Stewart—Clark.—Jan. 7th, by Rev. A. McIlwaine, W. B. Stewart, M. D., of Armagh, and Miss Sarah E. Clark, of Indiana, Indiana co., Pa.

Welchans—Weber.—On the 10th inst., in Pottsville, Pa., by Rev. Joseph McCool, George R. Welchans, M. D., of Lancaster, Pa., and Lizzie E. Weber, daughter of Henry Weber, of Pottsville.

## OBITUARY.

### Prof. Balassa.

The medical world has met with many serious losses during the last two years, but among them all, none will be more mourned than that which has just reached our knowledge.

Professor John Balassa, of the Pesth University, the great surgeon, the good man, the lover of his race, died on Dec. 9th. This sad event caused profound grief among our German brethren. The Empress of Austria is reported to have absented herself from the royal table, and to have shed tears, when Balassa's death was announced.

## WORDS OF CHEER.

*Dr. J. A. C., of Texas*, writes:

"Find enclosed $5 note to pay for your *precious* little Reporter. It makes its weekly visits to my office about as regularly as I could ask; in fact, I am very agreeably disappointed on that point, as the distance is over two thousand miles, and I have lost but one number yet, though I have been a 'sub' for about two years."

*Dr. M. W. A., of Mich.*, says:

"Suffer me to express my high appreciation of your Reporter, and its *honest, judicious*, and *dignified* bearing."

## ANSWERS TO CORRESPONDENTS.

*Dr. J. S. P., of Tenn.*—The instrument maker is not willing to send you a knife on trial, but will put one to you at wholesale rates, to try.

*Dr. J. M., of Miss.*—Dr. Allen's uterine forceps cost $ . We cannot make out what the other article is you inquire about.

☞ Mr. Geo. Meade, Racine, Wis., agent of the Craig microscope, whose honesty we were constrained, by the letters of a number of subscribers, to doubt, has written us, explaining that the apparent neglect of orders and remittances on his part, arose from the fact that he never received them. We wish him to have the full benefit of this correction. He is no doubt ready to satisfy all claimants against him.

*Dr. B. S., of Iowa.*—"Mr. R. calls on Dr. S. for treatment in a case of serious malarial disease. Dr. S. prescribes

| | | | |
|---|---|---|---|
| ℞. | Quiniæ sulph., | ℥ss. | |
| | Hyd. chlor. mit., | gr. x. | |
| | Pulv. opii, | gr. v. | M. |

Ft. pil. x.

one to be taken every three hours until all are taken, which is to be followed, after a purgative dose of castor oil and turpentine, and an interval of twenty-four hours, by

| | | |
|---|---|---|
| ℞. | Quiniæ sulph., | ℥ss. |
| | Morph. sulph., | gr. iss. |
| | Aqua, | f.℥j. |
| | Acid sulph., ar. | q. s. |

Fiat. sol. S. A teaspoonful four times a day.

"Mr. R. takes the pills, but only a small portion of the solution, as his 'mouth became sore, and he concluded *it* contained mercury.' While, at the same time, he had 'got so much better that he thought a few more of those pills would complete the cure.' He consequently came back to Dr. S. asking for 'another box of those pills or something.' The Doctor refused to comply with the request, explains how the patient is mistaken about the medicine which produced the salivation, and tells him to take the solution according to directions, and he would probably need nothing more. But Mr. R will not listen, goes to the druggist, and demands a repetition of the prescription of pills. The Doctor presents himself before the druggist while the latter is in the act of preparing the pills, and objects, remonstrates against his proceeding further in the matter, but all in vain, the druggist asserting that whereas Mr. R. has paid the doctor for the prescription, he has a right to do with it what he pleases, and the doctor has no right to interfere. Upon this, Dr. S. declines further intercourse professionally with the druggist. The latter refers the matter to his friend, Dr. M., and Dr. M. coincides with the druggist, declaring that 'a prescription paid for by the patient, belongs to the patient, and the doctor has nothing more to do with it.'

"Now I want to know who was in the right, the druggist and Dr. M. and Mr R., or Dr. S.?"

This is but another illustration of the confusion and injustice caused by druggists claiming to own prescriptions sent them to be put up. The druggist was wrong, and ought to have been prosecuted.

## METEOROLOGY.

| January, | 18, | 19, | 20, | 21, | 22, | 23, | 24. |
|---|---|---|---|---|---|---|---|
| Wind..... | N. E. | N. W. | N. W. | N. W. | N. E. | W. | W. |
| Weather.... | Cl'dy. Snow. | Clear. | Cl'dy. | Clear | Cl'dy. | Clear. | Clear |
| Depth Rain.. | | | | | | | |
| *Thermometer* | | | | | | | |
| Minimum..... | 24° | 15° | 18° | 21° | 25° | 7° | 15° |
| At 8, A. M..... | 32 | 25 | 28 | 34 | 33 | 22 | 34 |
| At 12, M..... | 31 | 32 | 38 | 45 | 29 | 34 | 50 |
| At 3, P. M..... | 32 | 32 | 39 | 26 | 26 | 35 | 50 |
| Mean..... | 29.75 | 26. | 30.75 | 31.50 | 28.25 | 24.50 | 37.25 |
| *Barometer.* | | | | | | | |
| At 12, M..... | 30. | 30. | 29.6 | 29.6 | 29.9 | 29.8 | 29.5 |

*Germantown, Pa.* B. J. Leedom.

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Each teaspoonful of the Elixir contains one grain of the Salt of Phosphorus and Iron, and each pint contains one ounce of Royal Calisaya Bark.

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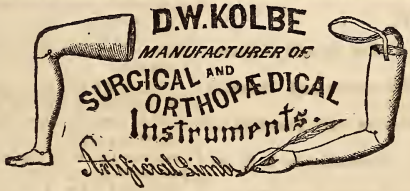


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Physicians, in their practice, as well as their patients, frequently are deprived of the great benefit that might ensue from the continued use of the "*Essence of Beef*," on account of the real labor and inconvenience of making daily a fresh portion, all of which can be obviated by the use of this carefully prepared Extract.

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# MEDICAL AND SURGICAL REPORTER.

No. 624] PHILADELPHIA, FEB. 13, 1869. [Vol. XX.—No. 7.

## Original Department.

## Communications.

### PLACENTA PRÆVIA.—METRO-PERITONITIS.—DEATH.

Read before the Cleveland Academy of Medicine, February 2d, 1869,

By W. H. Palmer, M. D.,

Of Cleveland, Ohio.

I was called, Tuesday, Jan. 19th, to see Mrs. C., aged 32, English by birth, in United States four years, married twelve years, now pregnant for the first time.

The patient had been under the care of a medical gentleman who, by reason of other engagements, had referred her to Dr. Terry; by the kindness of the latter gentleman, the case fell into my hands.

From the patient I learned the following history: She has always enjoyed good health, with the exception of a prolapse of the uterus, from which she suffered five years since; a sister has suffered from the same cause, and the mother (whom I examined) has complete procidentia of eighteen years' standing, being compelled to continually wear a suspensory bandage.

Patient is now at full term. Ten weeks since, she awoke one night (Friday), on account of slight pain in the region of the uterus; soon there gushed from the vagina a quantity of blood, which she estimated at a quart. There was no more bleeding until just four weeks later, when, on Friday, the same thing was repeated, and again last Friday. Since the last date she had continued to bleed until last evening, when Dr. Terry was called in consultation, and advised tamponning the vagina.

I found her somewhat pale and weak; pulse 124; tongue coated with white fur. no appetite. No hemorrhage since the application of the tampon. Later in the day, I removed the plug, when there was only a slight oozing of blood; os dilated about one inch, but rigid; left lip tumid, and a piece of the placenta projecting into the vagina. There being no attempts at labor, I washed out the vagina and removed the tampon. Thought that I detected the fœtal heart, but subsequent events proved my mistake. Gave her hypodermic of morphia, gr. ¼. Ordered beef-tea, milk, etc. From this time until labor the tampon was removed every twelve or twenty-four hours.

Wednesday, Jan. 20th. In about the same condition; passed a comfortable night; pulse in the morning 120, in the evening 128; took some nourishment; thought she felt stronger; os remained the same.

Thursday, 21st. The same. In accordance with the advice of Dr. Terry, I gave her Norwood's tinct. verat. viride, gtt. iv., in camphor water, f.℥ij. every few hours.

At 9, P. M. Pulse 116; felt comfortable; thought that the waters broke during the morning; os more dilatable. A careful examination detected no signs of life in the child.

Friday, 22d. At 10, A. M., found her very weak and irritable; discouraged; passed a poor night; no labor pains. I procured a set of Barnes' dilators, intending with them to hasten delivery; but she would not consent to their use. Ordered enema of castor oil and tepid water; but little fecal discharge. Continue morphia sufficient to give her rest.

Saturday, 23d. Summoned at 4, A. M. Found that she had had pains since one o'clock. Removed the plug and found the os dilated about one-half, right lip still rigid; no hemorrhage; placenta detached as far as the finger could sweep.

Pains grew weaker, and at 7, A. M., ceased entirely; patient exceedingly restless and irritable. At 8, A. M., introduced Barnes' largest dilator between the head and the right hip, and succeeded in opening the os somewhat. At 9, A. M., labor having made no advance, I sent for Dr. Terry, but before his arrival the pains began again. He advised small doses of tartar emetic; otherwise no interference until the head passed lower down.

At 12 o'clock, the head having passed through the os, and the pains being exceedingly feeble, I etherized my patient (the husband continuing

the management of the ether) applied the forceps and delivered the head. Gave her fluid extract ergot, f.ʒj., and attempted to deliver the body, but all the force I dared to exert proved unavailing. I now passed my hand below the child, and tried to pull down an arm, but my strength was so much exhausted that I failed. In the meantime I despatched a messenger for Dr. Terry; as soon as he arrived, he made traction upon the head, but not succeeding, he passed a blunt hook into the axilla, and with considerable effort drew down the arm. This done, the uterus at once expelled the body, and immediately the placenta and membranes. At the same time there was an escape of fetid water and gas from the uterine cavity. Uterus contracted firmly. No hemorrhage from first to last. Child was female, of large size, and evidently dead for some time, as the skin easily peeled off. The placenta was by actual measurement twelve and a half inches long and nine broad; about one-third (the part early separated) was of a dark color and fetid odor, the remainder exsanguinated; the fœtal surface of the placenta was of a dark-green color. Dr. T. at once gave her hypodermic of morphia and solution containing camphor, grs. iv., and carbonate ammonia, grs. xij. to be taken every three hours.

She recovered well from the ether, and at 8. P. M., was feeling comfortable; pulse 128; abdomen somewhat tympanitic, but not tender on pressure.

Sunday, 24th. Had comfortable night; passed water freely; lochia abundant and natural; took considerable nourishment. At 12 o'clock, she was seized with slight chill, followed by hot skin; pain in back; lochia diminished; pulse 140; respirations 24; tympanitis not very great; some pain on pressure over uterus. Ordered verat. viride, gtt. iv., at once, and gave hypodermic of morph., gr. $\frac{1}{3}$.

At 2, P. M., was seized with violent chill, so that she shook almost as if in a convulsion, lasting fifteen minutes; and followed by profuse perspiration and delirium. Ordered verat. viride, gtt. iv., every two hours, morphia sufficient to give rest, carbolic acid, gtt. ij., every two, three, or four hours. Uterus washed out with weak solution of carbolic acid and warm water thrice daily. Beef-tea, chicken-broth, and later, brandy.

At 9 P. M., pulse 112; resp. 12; lochia scanty; sleeping.

Monday, 25th. 9 A. M., pulse 112; resp. 17; temperature in axilla 103° F. Slept most of the night. Another chill at 2 P. M. Pulse remained about 112 during the day, but rose to 140 at 9, P. M. Turpentine stupes applied to the abdomen.

Tuesday, 26th. Had a chill at 9 A. M., and at 10 o'clock, when I saw her, the pulse was 160, and weak; temp. 103½°; delirious; sweating. Took a pint of beef tea during the night. Ordered veratrum viride gtt. iv. every hour. At 12 M., pulse was 128; resp. 17; temp. in axilla 102½°; tongue growing brown; strength failing. 8 A. M., pulse again 160. Copious discharge of fœces, dark and fœtid; abdomen less tympanitic.

Wednesday, 27th. 7 A. M. Passed restless night; pulse raised from 140 to 160; veratrum viride failed to reduce it. Rapidly sinking, and skin hot; tongue brown and dry; delirious; articulation difficult; brandy and beef tea every half hour; 8 P. M., died.

*Autopsy* twenty hours after death, made by Dr. Smurr and the writer, in the presence of Drs. Bennett and Darby. Rigor mortis marked; emphysema of entire body. The cavities of the peritoneum, uterus and intestines distended with fœtid gas.

Upon the posterior surface of the uterus, extending downward into the pelvis, and laterally upon the broad ligaments, was a fibrous exudation, with a small amount of serum. Douglas' cul-de-sac nearly obliterated. The peritoneum in this region was of a pale-reddish hue; sub-peritoneal connective tissue deeply injected; the external portions of the broad ligaments of dark venous color; upon section clots and venous blood were pressed out. Uterus a little larger than a fœtal head at term, pale and flabby. In its cavity were clots of a dirty-brown color; the hypertrophied portion, where the placenta had been attached, extended from the internal os, upon the left side toward the fundus. Section through this portion disclosed clots in the sinuses, in places breaking down into a fluid purulent in appearance. Pus was also pressed from the sinuses, mingled with blood. The tissue of the uterus of a reddish tint.

From the internal surface of the uterus, on the left side, immediately above the internal os, there projected into the vagina a mass two inches long and one thick. This was apparently of the same structure as the uterus at the placental attachment, but no place could be seen from which it had been separated. Intestines injected in patches; kidneys enlarged, and of a mottled color; capsule easily peeled off; substance of the organ very friable. On section medullary portion was seen deeply injected. Liver of about normal size, pale in color, and

easily broken down. Spleen normal in appearance. Heart and lungs not examined.

The microscopical examination revealed in the fluid scraped from the sinuses and inner face of the uterus, pus corpuscles, fibro-plastic cells, free nuclei, granular matter, and shrivelled blood globules; the exudation into the cavity of the peritoneum, fibrillated fibrine.

Some of the tubules of the kidney were healthy in appearance; others retained their epithelium, the central portion being filled with granular matter; while still others were denuded of epithelium, and filled with granular matter, and a small quantity of oil. Malpighian tufts congested. Cells of the liver somewhat fatty.

This unfortunate case presents a number of points of interest. For four days there was tolerance of the tampon, without the indication of labor.

Again, the retention of the body after the birth of the head, was probably caused by the descent of the placenta about the hips of the child; no other cause presents itself, inasmuch as the pelvis was capacious, and the child's body not unusually large.

Was the little mass hanging in the vagina a portion of the uterus torn off in the delivery of the child? If so, I hardly know how the accident could be avoided in a similar case, since no violence was used, and neither hand nor instrument was put into the uterus. Embryotomy might be employed, but would probably subject the mother to greater risks.

Lastly, the question comes up as to the most favorable time for the delivery of such a woman. Most obstetricians insist upon the necessity of operating while our patients are strong; after the eighth month a sudden hæmorrhage may cost the woman her life, and will at last render her less able to endure the subsequent ordeal. The great success of Dr. T. G. Thomas, of New York, in these cases seems to be greatly owing to his practice of early inducing labor; his main reliance in "partial implantation" is upon Barnes' dilators, or something of the kind; these at the same time open a passage for the child, tear off the placenta, and prevent hæmorrhage. When labor begins, a rupture of the membranes allows the presenting part to come down and press upon the open vessels, as the rubber bag has done.

The adoption of such a course in this case at the commencement of the last hæmorrhage might possibly have given both mother and child a better chance for life. After I reached her, I continued the tampon three days, hoping in the meantime to build her up.

In his lectures upon Placenta Prævia before the College of Physicians and Surgeons, New York, Dr. Thomas thus speaks: "If at the end of the eighth month, the woman could be delivered, the following would be the advantages gained:

"1. We would be dealing with a woman not exhausted by repeated hæmorrhages.

"2. The obstetrician would be in attendance in the commencement of the hæmorrhage, should it occur.

"3. The os may be dilated by hydrostatic pressure, which may entirely prevent hæmorrhage.

"4. We diminish the rise of sudden fatal flow from rupture of large placental vessels. The dangers of induced labor at the eighth month we know to be small for both mother and child. * * * *

"These little bags (Barnes' dilators) are, I believe, in time to supersede all methods in the treatment of placenta prævia, and become the means of saving thousands of lives, which, in spite of all former methods, would have been lost."

## INSTRUMENTAL DIAGNOSIS.

By Philip S. Wales, M. D.,
Surgeon, U. S. Navy.

(Continued from p. 435, vol. xix.)

### VII. Instrumental Diagnosis of Diseases of the Functions of Refraction and Accommodation.

Before the subject of instrumental diagnosis of the diseases of the functions of refraction and accomodation can be intelligently and profitably studied, it will be necessary to consider some preliminary matter concerning the relation of light to vision, the influence exerted upon it by the different sorts of lenses and by the eye, and lastly, the means by which the latter subserves its purpose in the economy of enabling the mind to take cognizance of the exterior wold.

Light, like the other physical agents, has always been a favorite theme, upon which much has been said and many ingenious surmises been promulgated concerning its nature and its relation to the eye as an optical instrument by philosophers.

There are two theories by either of which its phenomena may be satisfactorly explained. The first, or that of *emission*, sustained by Sir Isaac Newton, is based upon the supposition that luminous bodies emit particles of immeasurable smallness in all directions and in straight lines,

which penetrating the eye act upon the retina and determine the sensation constituting vision. The second, or undulatory theory, advocated by Descartes, Huygens, and others, presupposes the existence of a medium called *ether*, of infinite tenacity, distributed throughout nature, interpenetrating all bodies and impressible by every movement of their particles. In luminous bodies the motion of the particles is supposed to be undulating and communicated to the ether, is propagated by the latter as luminous spherical waves, the undulations of which take place at right angles to their direction.

Of the two theories the latter is now most in favor, as it explains all the phenomena of light in a more satisfactory manner.

Bodies depict themselves variously in their relation to light; those which emit it are said to be luminous, and those which do not opaque. In some the light passes through and enables us to see objects beyond distinctly, and are, therefore, designated as transparent, or diaphanous; some again oppose greater resistance to the passage of light, that so little of it reaches the eye, bodies beyond them cannot be seen; these are then said to be translucent, while others entirely arrest the progress of light and are classified as opaque bodies. Yet it must be mentioned as regards the latter that, though they are opaque in mass, when made up into exceedingly fine sheets they transmit light as do thin leaves of gold and lamina of wood.

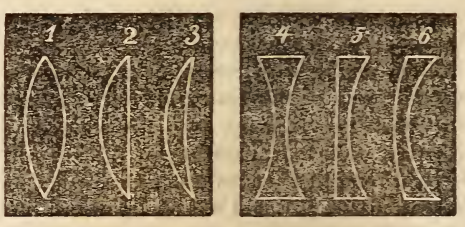
Every point of a luminous body emits light, and the radiant lines which it pursues are called *rays;* a number of rays form a *pencil* of light. If the rays proceeding from the radiant point pursue their course equi-distant, the one from another, they are said to be parallel; if they approach each other they are convergent, while these rays which go on separating more and more after leaving their initial point are said to be divergent.

As the eye in its normal state is wonderfully adapted to form well-defined images of external objects upon the retina, in virtue of the influence exerted upon rays of light by the crystalline lens and the other refractive mediæ, it will not be out of place here to consider, first, in what manner this influence is exerted in forming these images; second, what provisions there are for varying this influence that thereon images may always fall upon the bacillary layer of the retina, whether the rays that form them came from a near object or not. In other words, we shall first consider the eye in the exercise of simply a passive function, receiving and refracting rays like ordinary lenses, and then speak of the active power displayed by its muscular structure in accommodating for different distances. In its finer relations the eye assimilates to the ordinary optical instrument called the camera obscura, in the construction of which lenses form the most important feature, and it is chiefly the influence which these exert upon the rays of light that has an important illustrative bearing upon the present subject, and therefore requiring some notice.

Lenses are transparent mediæ, made either of crown or flint glass with curved surfaces, having the property of either increasing or diminishing the conveyance of the rays of light which pass through them. Crown glass is free from lead while flint glass has about three per cent. of this metal, and has also greater refractive power than the former.

There are several varieties of lenses named according to the shape of their surfaces, spherical, cylindrical, elliptical, parabolical, etc., but as the spherical sort is the one the ophthalmologist has the most to do with, our remarks will be confined to them, the same principles that we shall enfold as regards these, will even hold good for the other varieties.

By the combination of plain and spherical surfaces we can at the most form but six sorts of lenses, meridional sections of all of which are seen in figures 1, 2, 3, 4, 5, 6.




The first is the biconvex lens, formed by two spherical surfaces juxtaposed. The radius of curvature of the two surfaces may be equal or unequal.

The second is the plano-convex, the third concavo-convex, the fourth double concave, the fifth plani-concave, and the sixth concavo-convex.

The first three are thicker at the centre than at the periphery, and have a convergent action upon the rays of light; the last three are exactly the reverse of the former, being thicker at the periphery, and have an opposite influence upon the rays of light which they diverge.

It will answer our purpose to describe the influence of but two of the above lenses upon light as representatives of the groups at the

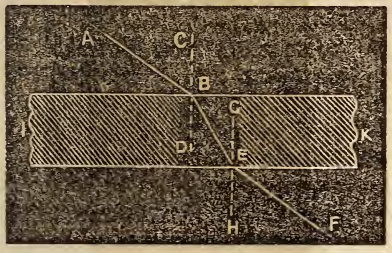
head of which they respectively stand, the biconvex and the biconcave; the influence of their congeners is identical though in less degree.

The centre of the sphere of which the curved surfaces are sections is called the *centre of curvature*, and the straight line connecting the centres of two such juxtaposed surfaces is designated the *principal axis*. In the plano-convex and plano-concave lenses the principal axis is the perpendicular line let fall from the centre of the curved face to the centre of the opposite face.

The whole subject of refraction of light in passing through lenses can be made more intelligible by supposing the spherical surfaces composed of an infinite number of small planes, every one of which upon one side of the lens having a corresponding plane upon the opposite side, inclined toward it in such a manner as to form a prism. This arrangement we shall endeavor to show in the figure cut, to make the corresponding oblique planes evident to the eye. As the theory is based upon the action exercised by the prism upon light, we shall first explain this before presenting the diagrams illustrative of the action of lenses.

When a ray of light passes into media with parallel faces it undergoes a change of direction; the law is that a ray passing from a rarer into a denser medium is refractive towards a perpendicular line to the surface of that medium; at the point of incidence in passing in the reverse direction it is refracted from a perpendicular at the point of emergence. This is shown in the annexed figure, in which the incident ray *A B* to

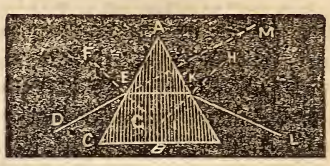
Fig. 1.




the surface of the body *I K* is refracted toward the perpendicular *C D*, while the emergent ray *E F* is refracted away from the perpendicular *G H* in passing from the denser medium *I K* into a vacuum or into the air. By inspecting the figure it will be seen that the incident and emergent rays are in different places but parallel with each other; that they are parallel can easily be proven geometrically by compressing the angles of incidence and refraction formed by the incident and emergent rays with the perpendiculars *C D* and *E F*.

A ray of light passing into a medium with inclined surfaces also changes its direction in accordance with the law announced above. In the figure below is shown the principal action of a prism, *A B*. If an incident ray *D E*, strikes

Fig. 2.




the face, *C A*, at *C* it will be refracted nearer the perpendicular, *G F*, arriving at the point *K*, it will again be refracted away from the perpendicular, *H I*, in passing into the rarer medium so that an object at *L* will be seen by the eye placed at *D*, as if it were at *M*, in the direction of the dotted line *D M*.

Now we can apply the same law to the refraction of lenses and understand the influence they exert upon light, by supposing their surfaces formed of infinitely small planes corresponding with each other in such a manner that each pair, one upon the anterior and one upon the posterior surfaces, form a prism. In convex lenses, by the formation of their faces, these prisms will all have their bases turned toward the centre, and in concave lenses, turned toward

Fig. 3.

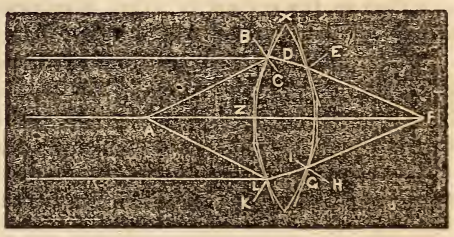
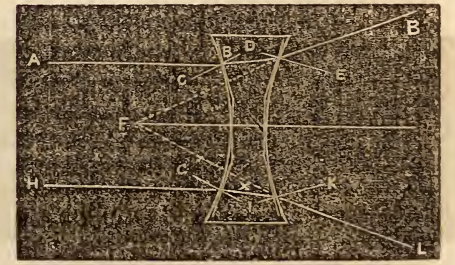



Fig. 4.




the periphery, and as prisms always refract the rays toward their bases, we can readily under-

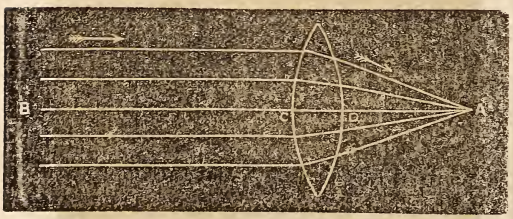
stand that the former class of lenses must necessarily converge the light, and the latter diverge it. In the two following cuts we have supposed a few of these corresponding surfaces forming prisms, enlarged to show their action upon light. The first is a biconvex lens, if the ray *A D*, emerging from the point *A*, strikes the surface *X Z*, it will be refracted at its point of incidence nearer the perpendicular *B C*, when it reaches the opposite face of the prism it will be deviated away from the perpendicular *E C*, and necessarily nearer to the line of axis of the lens which it will cut at some point. In like manner the line, *A C*, undergoes the same change of direction, and will meet the former one at its intersection with the axis. All the incident rays experience similar change of direction by its appropriate prism will converge to the same point which is called the focus.

In the second figure, which shows a biconcave lens, which we have supposed to have its spherical surfaces formed of prisms, with the bases turned toward the periphery of the lens, the incident rays *A B* and *H X*, after undergoing two refractions, will be diverged, and therefore cannot form a real focus; but if prolonged in a direction opposite to their course, they will meet, and form what is called a vertical focus, as shown by the dotted lines.

As we have already stated, lenses will either bring rays passing through them together (converging), or separate them (diverging); the point where they or their continuities met is called the focus, which is designated by various names, according to the manner in which it is formed, or to its position.

In biconvex lenses there are three focuses, the principal, conjugate, and virtual. The principal focus is formed by the union of those rays which have impinged upon the lens in a parallel direction, and having undergone two refractions, as explained above, toward the principal axis of the lens, at the point marked *A* in figure 5, which is the principal focus. The line *A D* shows the

Fig. 5.




principal focal distance, and for the same lens is unvarying, so that we always have in it an exact measure of the power of lenses, which is expressed in inches, as three, five, or seven-inch biconvex lenses, indicating such glasses as will focus parallel rays at three, five, and seven inches respectively.

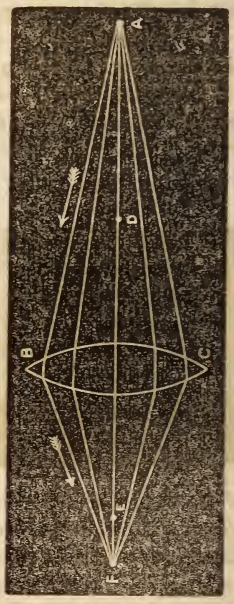
As most lenses now used in this country are foreign, we should mention that French glasses are marked in Paris inches, and German glasses in Prussian inches. The respective equalities can be ascertained from the usual arithmetical tables, so that they may be readily converted, the one into the other.

In ordinary lenses of crown glass, the principal focus very nearly corresponds with the centre of curvature.

The converging power of any combination of convex lenses may easily be determined by adding together the sum of their focal lengths; thus the power of a six and a twelve-inch biconvex united is equal to a four-inch lens, for 1-6 + 1-12 = 1-4.

If the rays, instead of coming from a distant point (which for practical purposes may be considered any beyond five or six feet) and therefore parallel, they emerge from a luminous object still nearer, but beyond the principal focus, say from the point *A* in figure 6. There the

Fig. 6.



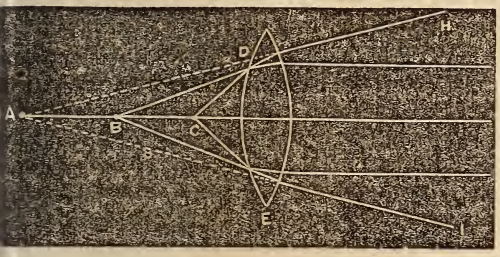

rays are divergent; they will strike the face of a convex lens at a greater angle than if parallel, and will, in consequence, undergo a greater amount of refraction, and be finally brought together at the point *F*, which is beyond the

principal focus *E*; this point is called the *conjugate* focus, so-called to express the relation between the points *A* and *F*, which is such, that if the luminous body be placed in *F*, the conjugate focus will be in *A*, being thus interchangeably connected. If the luminous point is brought nearer the lens, the conjugate focus moves further off, if withdrawn from it, the focus approaches. When the luminous point advances toward the lens until it coincides with the principal focus, then the emergent rays are no longer convergent, but parallel.

To illustrate; if a candle be placed in the principal focus of a four-inch lens, the emergent rays are, as before stated, parallel; if it be removed twelve inches disiant, the conjugate focus will be found six inches off, and for all other lenses, such an unchangeable relation exists between these two points.

Let us take another example and suppose, the light placed at *C*, between the lens and the principal focus, as shown in figure 7. There the emergent rays *C H* and *C I* will be diverged, and

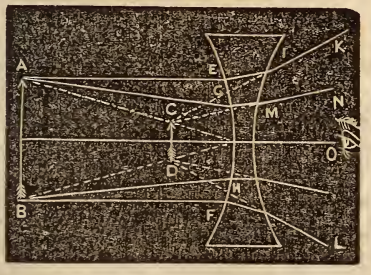
Fig. 7.




hey can no longer form any real focus, but by prolonging them, they will meet in the point *A* on the principal axis, which is called the vertical focus.

The influence of biconcave lenses upon light is such that they never can converge rays to a

Fig. 8.

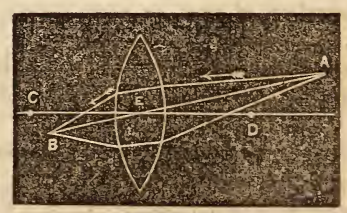



real focus, whatever relation the luminous point may bear to them. Taking as an example, the biconcave lens in figure 8, any parallel ray of light, *A E*, falling upon the surface of the lens will be refracted twice away from its axis, and therefore can find no focus, but if the rays thus refracted be prolonged in a direction contrary to their course, they will meet, as shown in the figure, at *C D*, where an erect and diminished image of the object is seen. This point is called the principal vertical focus, and its distance from the lens the principal focal distance. Divergent rays will be still more diverged in passing through the biconcave lens, and their prolongations backward will meet in a vertical focus upon the axis between the principal focus and the surface of the lens. The distance of the principal focus is the standard of valuation of concave lenses; thus we say, concaves of four, six, or twelve inches, which mean such lenses as will so reflect parallel rays that their prolongations backward will meet in a vertical focus four six, or twelve inches from the surface of the lens.

In ascertaining the focus of a biconvex lens, all that is required is to hold it in the rays of the sun so that its axis may be parallel with them, and then to receive the image thus formed upon a sheet of paper, which should be approximated to or removed from the lens until the image is perfectly distinct; the distance between the glass and paper is the focal length of the lens.

In concave glasses the process is somewhat different. Cover one of the concave sides of the lens with some opaque substance, blue paper or charcoal, for instance, only leaving two little spots free in the same meridinal plane, for the light to pass through. Hold the uncovered side of the lens toward the sun, and receive the images of the little apertures upon a sheet of paper, which is to be gradually removed from the lens until the distance between the images is double that between the two apertures on the lens, then the focal distance is the interval separating the centre of the lens and paper.

Fig. 9.




In accordance with the theory of the formation of curved surfaces by planes infinitely small, already explained, the ray coinciding with the principal axis of all lenses undergoes no re-

fraction, inasmuch as the corresponding planes through which it passes are all parallel. There is, at the intersection of the principal axis with the lens a point through which any oblique ray may also pass unchanged in direction. This point is called the *optical centre*, which in all lenses with a plane face, is situated at the place where the principal axis cuts the curved surface. All lines drawn through the optical centre, without at the same time meeting the centre of curvature, are designated *secondary axes*. What we have said concerning the focus situated upon the principal axis may be also applied to the secondary axis. Figure 9 illustrates the direction of the secondary axis *A B* crossing the principal axis *C D* in the optical centre *E*.

(To be continued.)

## NEW REMEDIES.

By G. W. Lawrence, M. D.,

Of Hot Springs, Arkansas.

Professor E. S. Wayne, of Cincinnati, Ohio, has made for me during the past year the following new preparations, which I hope will be found valuable to the profession at large.

*Quiniæ Iodo-Sulphas.* It has proved to be a desirable *alterative* and *tonic*, serviceable in consecutive syphilis; scrofula, cachexia, neuralgia, some forms of paralysis, and in debilitated conditions of the general system. Given in pill form, or mixed with syrup of sassafras bark or blended with elixir of Calisaya bark.

*Iodide of Antimony.* An *alterative*, used chiefly in skin diseases, those forms arising from constitutional ills and secretory disturbances. Prescribed with aromatic syrup of dulcamara. I have recently used iodide of antimony as an *anaphrodisiac* with satisfactory results. I combined it with *lupulin*, and gave it in pills every six hours.

*Iodide of Manganese.* Alterative, administered generally with the iodide, or some other desirable preparation of iron, or with quiniæ iodosulphas, in *anemia* and chloro-anemia, with *resin* podophylin, in chronic, splenic and hepatic derangements. In the alterative agency of manganese, I have fancied that a determined action is exercised on the *ganglionic* system of nerves.

*Glycerole Pyrophosphate of Iron.* This has name enough to stand alone. In the formula pure glycerine is substituted for sugar, or simple syrup, each fluid ounce (with glycerine) contains *sixteen grains* of pyro-phosphate of iron. This new preparation is *unchangeable* and is one of the most palatable of that family of tonics. I employ it usually as an *eutrophic in that spanæmic condition of the system so frequently provoked by the protracted use and abuse of iodides and bromides of potassium.* Also use it when indicated, in *progressive paralysis*, *motor ataxia*, in threatening a supposed incipient *ramollissement* of the brain and spinal marrow.

I regard this compound of iron as an important *histological* agent, one that supplies desirable wants, the combining powers, or affinities, affording great *therapeutic* value.

Therapy, in this age of progress, greatly demands our attention. The action of remedies in the human laboratory must be closely investigated. The properties of medicines, so far as the practitioner can comprehend, the mental faculties ken, by attentive, cautious surveys of chemical formula, or practical results will soon be regarded in a new light. The interrogations of the *therapeutist* will be, What is the rationale of such a remedy? What eclecticism is exercised? What real agency does it perform? What forces are aroused? What chemical action produced on the vital battery? All are absolute, and belong to the functions performed by remedies.

Few elements are known that possess such great chemical affinities, or combining forces, as iron and phosphorus, and they play an important part in the human system. In view of that agency, the above preparation (blending the properties) naturally suggests itself to the medical mind. Its chemico-physiological operation should give it prominence as a blood-remedy in cachectic conditions. I give it alone, or combined, as a nutriitive tonic, to repair the supposed wants of the system, or in supporting the organization where we find too rapid growth. In enfeebled nervous and mental states, general debility resulting from alcoholic and sexual abuses, atonic spermatorrhœa, premature senility, and also in functional disorders of the uterus.

At Hot Springs, Arkansas, for a long period my practice has been almost exclusively confined to the treatment of chronic diseases, old constitutional disorders. It is a peculiar practice, chiefly among a class of persons who have been drugged and dosed for a long period, and who are generally disgusted with the medical world, and they resort to the *natural thermal fountains* to escape further medication. They seek the so-called "nature's remedy," oblivious of the fact that all remedies belonging to the different kingdoms of the universe belong to that class, and that it is the object, study, call-

ing of the professional man to guide these agents and adapt them to the various wants or requirements in practice. Sometimes I have been compelled in my researches to go out of the officinal domain or prescribed boundary, to seek for necessary nutritive, alterative, and tonic remedies to meet the exigencies in special cases.

It will be my pleasure to report at an early day, through your columns, the advantages I claim to have gained in supporting the system by a new and active process of nutrition, used in the treatment of certain constitutional conditions, in connection with a class of remedies called *entrophics*, or those agents possessing a direct action on the blood. The subject of the promised article will be *nutritive diaphoretics*.

## ACORNS AS FOOD.

By W. S. King, M. D.,
Surgeon U. S. Army, Detroit, Mich.

"If some easy process could be devised by which the bitter principle could be extracted from horse chestnuts and acorns, and these natural products made palatable and available for the food of man or beast, the man who made this discovery would be rendering a very great service."—*London Lancet* for December, 1868.)

The above recalls to my memory a few facts in regard to the use of acorns by the Californian Indians, and their manner of preparing them for food, which came under my observation, which I think may be interesting to some of your readers.

In the summer of 1852 I accompanied two companies of U. S. troops sent out from Sen Francisco and Monterey, Cal., with Indian commissioners to visit the Indians living among the foot-hills of the Sierra Nevada, with instructions to collect as many of them at certain points as possible, with a view to make treaties with them, and to chastise such as remained hostile, and who had been engaged in murdering the frontier settlers.

After much difficulty and delay, about fifteen hundred Indians, women and children included, were gathered at the head waters of the San Joaquin river. We were informed by the interpreter that these Indians had subsisted for the previous six months almost entirely on acorns. In my long experience with Indians I had never seen any in better condition than were these. By observation and inquiry I obtained the following particulars.

The Indians collect the acorns when fully ripe, and store them in cribs at convenient points. While wandering about, they carry as many acorns with them as they can, and when the supply is exhausted, the squaws make long journies, sometimes several days' travel, to these magazines to procure fresh supplies. We came across several of these acorn cribs, which are circular in form, and made of a framework of branches of trees fastened securely together at the top, the interstices being filled by cross pieces filled in with leaves to hold them securely, and elevated sufficiently from the ground to protect them from the depredations of the bears.

Their manner of grinding the acorns and preparing the flour therefrom, so as to render it edible, is as follows: They select a large flat rock, containing on its surface holes, either naturally or artificially made. These holes are usually about six inches deep, from six to eight inches wide at the top, narrowing gradually to the bottom. The acorns, divested of the shell, are placed in them and pounded fine by heavy stones of a conical shape. This labor, performed exclusively by the Indian women, is hard and slow work, and I have often seen a dozen at a time engaged at it day after day, on a large rock on the bank of the San Joaquin river, near our encampment. By this process the acorns are ground fine. The fine flour is separated from time to time by scooping out the flour with one hand, and dashing it against a grass mat held in the other; the fine flour adheres to the mat, and is brushed off into a basket, while the coarse rolls off into the hole, to be again pounded. When the flour is ready, a large basin is made on the ground, like a mortar bed, about three or four feet in diameter, a little narrower at the bottom, and the sides are eighteen inches in height. The inside is then made smooth by the hands. This basin is filled with water heated to boiling by putting into it hot stones, heated almost to redness over a fire near by.

The acorn flour is then added and stirred for several hours, and then left to settle. The water is then drawn off, and the flour, of a jelly-like consistence, is found adhering to the sides and bottom of this earthen basin, and is carefully scraped off by the hand. It is now sweet and nutritious, the bitter principle of the acorn having been driven off by the heat. I have often tasted it, and found it quite palatable. It may be eaten in this state, or rolled out in small loaves, and baked into bread. Sometimes it is rolled up into pieces of convenient size, and allowed to remain for several hours in shallow water where there is a slight current, which removes any foreign matter, and renders it still

sweeter by removing any bitterness that may remain.

Upon this food these Indans rely almost entirely for their subsistence a greater part of the year, necessity having taught them how to make it palatable, and thus they are enabled to live where the *white* man, with similar resources, would be very apt to consider certain starvation inevitable.

It is well known that the Apaches in Arizona are very fond of the acorn, and lay in a supply annually for their winter consumption. An edible variety used by them, called *bellote*, is an important article of commerce between them and the Mexican population, who are very fond of them.

I hope what I have written may be of some service in showing more fully than is known generally, that the acorn is highly nutritious, and no doubt has an essential oil perhaps valuable as a medicine. It is certainly well worthy of attention as an article of food capable of supporting a large population, as it actually does in our own country, when other means are insufficient.

# Hospital Reports.

Pennsylvania Hospital, *Philada., Nov.* 14, 1868.

## Clinic of J. M. Da Costa, M. D.

Reported by Dr. Napheys.

### Post-Mortem Specimens.

1. *Large Vomica.* The colored woman from whom this specimen was taken had had a cough for four or five months prior to her admission to the hospital, and had lost two or three pints of blood at one time. She stated that this violent hemorrhage was excited by a fright. She was brought into the hospital very much exhausted by the hemorrhage. She was placed on sulphuric acid, kept perfectly quiet, counter-irritation applied over the lung, nourishing food administered, and after a day or two it appeared that reaction had fairly set in. She was comfortable, complaining particularly of nothing, when it was noticed that her breathing became shorter and shorter, and signs of exhaustion appeared. At the same time there was found evidence of marked congestion of both lungs, with even some slight solidification at the back of the right; notwithstanding she was then placed on stimulants and the use of active counter-irritation to the chest, she sank.

The post-mortem reveals a curious condition of the lung structure. There is an enormous cavity, occupying the whole of the upper lobe of the left lung. It looks like a large sac, no portion of the lung structure being left. So large is it and so perfect and smooth the walls, that were it not for the light thrown on its true nature by the other portions of the pulmonary structure, it might be concluded that the case was not one of tubercular disease at all but of pulmonary abscess. But an examination of the other parts of the lung, entirely prevents any such error.

The exciting cause of the violent hemorrhage was doubtless the abnormal state of the circulation produced by the fright, which gave the finishing strokes to a vesssel about to give way, which might otherwise have held its own for some time, the large vessels and portions of the connective tissue being the last to disappear before the constantly progressing ulceration. No softening elsewhere in the lungs.

Looking at the other portion of the lung, the proof of the cavity having been tubercular is apparent. Little granular linear masses are deposited in the lower part of the left lung, which was the seat of heavy congestion. If the woman had survived the shock, she would have shortly died of rapidly developed acute phthisis in the lower lobes of the left lung. The right lung is also partly tubercular and heavily congested; in parts the congestion having passed into some solidification.

This is a specimen of what might almost be called tubercular pneumonia, that is a low state of exudation with begining tubercle. This is a state of things that frequently precedes a more active development of tubercular disease, when that active development assumes an acute type.

The heart presented nothing peculiar in its structure, but it was filled with heart clots. It is an interesting question whether or not the rapidly increasing dyspnœa of the last two days, the almost sudden change which took place in her symptoms after reaction had appeared fairly to set in, were not really due to the formation of clots in the heart. This is a mere suggestion, however, for on this point the post mortem evidences are not very conclusive, it being impossible to determine whether the clots were of ante-mortem formation.

### 2. Concrete Abscess of Liver following Chronic Diarrhœa.

The patient from whom this specimen was taken, Annie E., æt. 21, was admitted to the hospital on the 3d of September. On admission,

a small, hard, slightly nodulated tumor was found to occupy the epigastric region, which she stated had been larger before admission. She complained of a good deal of pain in this mass. She had had severe chills occurring irregularly. There was an obscure history of an hereditary tendency to phthisis, yet a careful examination of the lungs failed to reveal anything like marked tubercular disease. It was found, however, on tracing her history, that she had had constant diarrhœa accompanied by much pain, and this diarrhœa preceded the development of the tumor. This diarrhœa was found to be of a peculiar kind, for on examining the stools it was repeatedly noticed that they consisted largely of undigested food. She became wretchedly emaciated, to an extent rarely seen, except in the last stages of phthisis, and in the very last stages of chronic scorbutic diarrhœa. With this frightful emaciation, there existed the constant diarrhœa and constant and progressive loss of strength. As regards the tumor, it was observed that this hard nodulated mass, situated chiefly in the epigastrium, became apparently smaller and smaller instead of, as might readily be supposed, becoming more and more marked with the dwindling away of the abdominal parietes. This reduction in size went on so that in the last examinations made not long before her death it was almost impossible to perceive what previously had been quite a distinct tumor. It only remains to add, that tenderness existed over the swollen mass, and that during life it was always connected closely with the left lobe of the liver.

The post-mortem shows the liver to be a small one. It is hard, and presents that appearance of congestion which is spoken of as so-called nutmeg liver. But the most interesting point about it is the presence of a deposit which is believed to be pus. It is true that to speak positively upon this point, it would be necessary to examine it with the microscope, (which there has not been time to do) as it is barely possible that the oily yellow masses are really encephaloid in character. Yet the appearance is here so utterly unlike that usually met with in encephaloid or cancerous liver, which is almost invariably a liver of large size with hard nodules, that there is no hesitation in pronouncing the specimen not to be cancerous, but an abscess of the liver of that peculiar form in which the pus has become almost concrete. There is nothing like a large abscess anywhere. This diffused abscess of the liver is very rare in its occurrence.

On examining the intestine it is found that the whole of the large intestine is the seat of small thickened superficial ulcers. The small intestine is heavily congested, but not ulcerated nor thickened. The disease is almost entirely limited to the larger bowel. The kidneys are slightly granular. There is a very small mass of tubercle at the apex of one lung, but the lungs may be pronounced to be good specimens of healthy lung structure, not even congested, rather anæmic than otherwise.

What was the cause of death here? What the explanation of these pathological specimens? Looking back on the history of the case, and viewing it in connection with the evidence which the post mortem affords, there can be little hesitation in admitting that this is one of those cases in which abscess of the liver follows chronic diarrhœa or dysentery. The occurrence of this has been long mentioned by authors, particularly those writers who have seen much of abscess of the liver and of dysentery in the East Indies. There both the army surgeons and civil practitioners have long taught that a connection exists between intestinal affections and hepatic disease. But it has not been so very long since we have learned to trace that connection a little more closely than the broad fact just mentioned indicates. On fine dissection, it has been found that the venous radicals take up little particles of disintegrating texture in the intestines, which particles, finding their way through the portal circulation into the liver, become imbedded in the structure of that organ, and thus lead to secondary small abscesses. In other words, the occurrence of abscess of the liver, of the peculiar form here represented in its most typical manner, namely, small abscesses here and there, metastatical, as they were formerly called, is really due to the establishment of foci of inflammation by the plugging up of some of the venous radicals in the liver with matter which has found its way from the inflamed and swollen intestines. This, then, is one of the dangers of chronic diarrhœa and dysentery. Moreover, a knowledge of this furnishes an explanation in cases of diarrhœa and dysentery in which obscure hepatic symptoms exist with irregular chills. Such chills should not of necessity be connected with malarial disease, but the possibility be borne in mind of their being really of pyemic origin.

As regards the diagnostic points of the case, when a swelling is found in the hepatic region which is hard and nodulated, it is generally cancerous. But when that swelling decreases under observation, when, moreover, there exists a marked history of intestinal trouble, then the supposition of metastatic abscesses will be much more likely to be correct than that of cancer.

Another point of interest in this case is the explanation of the peculiar kind of diarrhœa and of waste that has latterly been so marked. This is found in the state of the mesenteric glands. These glands have undergone a complete fatty degeneration. They were incapable of performing their function, no healthy chyle could there be elaborated, as the gland structure was almost destroyed. Hence the food, of course, passed undigested from the alimentary canal. An analogy to this condition is found in the diarrhœa so frequent in children with marasmus, but in adults this state is of rare occurrence.

The post mortem of this case has been of interest, partly as showing clearly the connection of dysentery with liver affections, and partly as giving a clear insight into the cause of the diarrhœa in which the food was not properly digested.

# Medical Societies.

## MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA.

On January 27th, the new Hall of the Medical Society of the District of Columbia was dedicated with appropriate ceremonies. The hall, which has just been completed, is located on the south side of F street, west of Tenth street, and is one of the finest in the city of Washington. The building is three stories high, with a handsome pressed-brick front. The first story embraces two very fine stores, with large glass-windows; and the third story is divided into lodging rooms, connecting only with the adjoining building on the corner of Tenth street.

A large number of persons were present, and several interesting addresses delivered.

Dr. Wm. P. Johnston said: The objects of the Society in creating this building were six:

1. The advancement of Medical Science.
2. The cultivation of a taste for Medical Literature.
3. The establishment of more social and fraternal feeling among its members.
4. The promotion of that strict morality which our vocation inculcates, and the development of that exemplary and high-toned professional character to which the medical man should ever seek to attain.
5. The establishment, under the direction of this Society, of a Dispensary for the city of Washington.
6. The accomplishment of the great end for which the medical art is cultivated, which is to secure in the best possible way the interest of the public, by raising the standard of medical learning, and by cultivating those graces and ornaments which render the medical man most acceptable and useful in his relations to the public.

Dr. J. M. Toner, Librarian of the Society, delivered an excellent address, urging the claims of the library upon the attention of persons present, and gave a number of statistics of the medical libraries in our country.

## OTSEGO CO. (N. Y.) MEDICAL SOCIETY.

The semi-annual meeting of the Otsego County Medical Society was held at Schenevus on the 19th of January, Dr. Cook, President.

Dr. Ball exhibited a case of septic poisoning, followed by necrosis of the left fore-finger; and amputation being generally advised, he removed the same, the patient having been first placed under the influence of ether.

Dr. Lathrop moved that hereafter, at such intervals as may be deemed advisable, this Society shall cause to be used a bulletin, to embrace only matters of a local character and interest relating to the profession and practice of medicine; and that the first number be published before the next semi-annual meeting. After a full discussion, the motion was unanimously adopted.

The Society then adjourned to meet at Cooperstown on the third Tuesday in July next, afternoon and evening. Thereupon the Schenevus band honored the occasion by a serenade, performing several pieces in a style that did great credit to so recent an organization. At the close of this the Society "changed base" to the house of Dr. Houghton, where, after grace by the venerable Dr. Drake, they *fell to* in a way to convince the incredulous that *handling the knife* was a part of the business they well understood.

Horace Lathrop, Secretary.

### A Milk Diet in Disease.

M. Leclerc and Professor Hirtz of Strasbourg have endeavored to study accurately the use of an exclusively milk dietary in disease. The quantity of milk calculated for an adult is four pints daily. It should be examined as to quality. Milk is an aliment of easy and rapid digestion, which leaves little residue, favoring diuresis. This *réjime*, strictly followed, has rendered great services, especially in organic affections, ulceration, of the digestive tube, hypertrophy of the heart, and dropsies.

# Editorial Department.

## Periscope.

### Chloroform *v.* Ether.

The Boston *Medical and Surgical Journal*, September 3d, 1868, contains the following discussion before the Middlesex, Massachusetts, North District Medical Society, which, considering the locality, is quite suggestive.

Dr. Burnham, of Lowell, read a paper on *Chloroform, its advantages over Ether as an Anæsthétic.* He showed that chloroform is safer and is attended with none of the baneful after results which often follow the use of ether, such as insanity, epilepsy, convulsions, etc. He cited cases in his own practice which seemed to fully substantiate his assertion. He condemned the use of a mixture of chloroform and ether, and the alternate administration of the two anæsthetics as being fraught with more danger than either alone. He said the disadvantages of ether were;—1st, that it causes violent struggling, often requiring three or four strong men to hold a delicate female; 2d, that it produces a copious secretion of mucus from the lungs and bronchiæ, rendering it necessary to wait for the patient to free his lungs and thereby avoid impending death from asphyxia; 3d, that it is a powerful stimulant and causes congestion of the brain, which is liable to eventuate in apoplexia or paralysis; 4th, that it requires a much longer time to produce anæsthesia, and the patient's sleep is more disturbed and much less tranquil than that occasioned by chloroform; and, finally, that it gives origin to subsequent attacks of insanity, epilepsy and other spasmodic affections. Chloroform, he said, is free from the above objections, and, if properly administerted, is devoid of danger. His method of giving chloroform is to place a folded linen handkerchief in the bottom of a common bowl, pour upon it a fluid drachm of the anæsthetic, invert the bowl over the patient's face, keeping the handkerchief away from the nose and mouth by means of two fingers inserted within the bowl. The patient should be brought rapidly under the influence of chloroform, and the bowl should not be taken from the face until anæsthesia is produced, except to renew the chloroform; generally from one to three fluid drachms will be required to bring about anæsthesia. This state may be known by the snoring of the patient as in natural sleep; then the bowl should be taken *entirely* away from the patient's face, and the proposed operation commenced. It is more necessary to watch the respiration of the patient than his pulse, and to be very careful and not allow him to inhale enough to bring on the stertorous breathing of apoplexia instead of the snoring of natural sleep. None but a physician should be allowed to administer chloroform for any protracted operation, and he should know how to give it properly. Never trust a student with the administration of it, for he will become interested in the operation, neglect his duty, and allow the patient to become fatally narcotized.

Dr. Dow, of Westford, stated that while in the Western Army during the late war, he had given chloroform and seen it given in numerous instances, but had never seen any ill effects attending its use. He said the Western surgeons had a theory that Western men bore it better than Eastern.

Dr. Spalding, of Lowell, said he was in the habit of giving chloroform and ether alternately in the same case.

Dr. M. G. Parker, of Lowell, said he ordinarily used a mixture of one part chloroform and two parts ether.

Dr. Smith, of Lowell, thought that it would be safer to give chloroform and ether in the atomized state, as the proper intermixture of air would thus be insured.

Dr. Bass, of Lowell, stated that he considered chloroform equally as safe as ether and greatly to be preferred in practice. The violent struggling which ether so often occasions is a great objection to its use, necessitating the presence of several assistants to keep the patient in subjection.

Dr. Gilman, of Lowell, remarked that he had generally used ether alone, or a mixture of it with chloroform, and he had found that it was best not to use much constraining force in those cases that come under the influence of ether with difficulty, for the violence of their struggles is almost always increased by any effort made to restrain them. Most refractory cases will become calm if the ether is taken away a few moments, and on resuming it will take it kindly and pass under its influence without further trouble. He mentioned a case which seemed to show that a continued use of ether will cause insanity. While on duty at a General Hospital in Washington, he made the acquaintance of a surgeon who had acquired the habit of inhaling ether for its exhilarating effect, and who finally became insane, and was taken to an asylum.

Dr. Burnham said, in answer to a question, that there were patients who, on account of idiosyncrasy or disease, will bear ether who will not chloroform, and *vice versa*, and there were some cases in which neither should be used, but for the generality of cases chloroform is to be preferred to all known anæsthetics.

### Bisulphide of Carbon as a Remedy for Headache.

In a communication to the *British Medical Journal*, (June 13th), Dr. George Kennion, of Harrogate, calls attention to a very simple remedy in many kinds of headache, viz., the Bisulphide of Carbon. He says:

"Its mode of application is no less simple. A small quantity of the solution, (about two drachms), is poured upon cotton-wool, with which a small, wide-mouthed, glass-stoppered bottle is half-filled. This, of course, absorbs the fluid; and, when the remedy has to be used, the mouth of the bottle is to be applied closely (so that none of the volatile vapor may escape) to the temple, or behind the ear, or as near as possible to the seat of pain; and so held for from three to five or six minutes. After it has been applied for a minute or two, a sensation is felt as if several leeches were biting the part; and, after the lapse of two, three, or four minutes more, the smarting and pain become rather severe, but subside almost immediately after the removal of the bottle. It is very seldom that any redness of the skin is produced. The effect of this application, as I have said, is generally immediate. It may be applied, if necessary, three or four times in the day.

The class of headaches in which this remedy is chiefly useful, is that which may be grouped under the wide term of 'nervous.' Thus neuralgic headache, periodic headache, hysterical headache, and even many kinds of dyspeptic headache, are almost invariably relieved by it; and, although the relief of a symptom is a very different affair, of course, from the removal of its cause, yet no one who has witnessed, (and who of us has not seen?) the agony and distress occasioned by severe and repeated headache, but must rejoice in having the power of affording relief in so prompt and simple a manner.

As regards the *modus operandi* of this remedy, it is difficult, perhaps, to form a certain opinion; but I am disposed to attribute it to the sedative effect of the vapor of the bisulphide, absorbed through the skin, and acting upon the superficial nerves of the part to which it is applied. The remarks of M. Delpech, (*Annales d'Hygiène* Jan. 1863,) point out very clearly the remarkable prostration of the whole nervous system produced in workmen, who, in certain manufactures, are exposed to the vapor arising from a solution of the bisulphide of carbon; and we can readily understand that a somewhat similar effect, upon a small scale, may be produced by the application of this vapor to a limited portion of the surface."

### Stillingia in Syphilis.

Dr. J. C. M'Mechan, Cincinnati, Ohio, contributes the following to the *Western Journal of Medicine*.

"In the *American Medical Recorder* for April, 1828, (vol. xiii., page 312,) Dr. Simons recommended the use of stillingia in secondary syphilis, in place of mercury. This article, at the time, attracted considerable notice, and the drug came into popular use. Doctors Lopez and Frost also wrote in favor of its use, and confirmed the views of Simons in regard to its efficacy in syphilis.

For the past few years, owing to some unaccountable reason, it has been seldom prescribed.

We have used the drug in a certain form of syphilis, and with the finest results, and have seen Dr. Dawson, Surgeon to the Cincinnati Hospital, prescribe it frequently, with the most marked effect, when other remedies had failed.

The form of syphilis in which it is most useful, is secondary, where the symptoms of tertiary are just beginning to manifest themselves, but it is also useful later in the tertiary form, in combination with iodide of potassium.

In secondary syphilis, in broken down subjects, mercury is, of course, objectionable, and if administered, cannot be carried to the point where it would have a marked effect upon the syphilis eruption. If mercury cannot be administered, there are but few remedies left to prescribe, and the principal ones, perhaps, are sarsaparilla, and iodide of potassium. The latter remedy is very good in the tertiary form, but in the secondary, it has been found almost inert, having but very little, if any, effect upon the eruption. Sarsaparilla, at one time, had quite a reputation, and it was thought next to impossible for a patient to recover without its administration. It is now seldom administered, except for its moral effect, unless outside of the regular profession. Now, in primary, we have iodide of mercury, (and in healthy subjects it is the proper remedy in secondary), and in tertiary, the iodide of potassium. But here is a vacancy. What is the remedy in secondary when the patient is broken down in health, or when mercury has been used without

effect? There is but one remedy in the materia medica that can fill the vacancy properly, and that one is stillingia. For broken down patients with the syphilitic eruption, to patients on whom mercury has had no effect, and to patients in whom the bones have become affected and the secondary manifestations still continue, let this remedy be given."

### Assafœtida Suppositories.

In the *American Journal of Pharmacy* for September, 1868, is a paper by J. B. Moore, containing the following valuable practical matter.

Suppositories of assafœtida are very difficult to prepare, owing to the *resin* of the fresh drug not being miscible with melted butter of cacao. This has proved an almost insuperable obstacle to their successful manufacture. It being utterly impossible, by any of the usual means, to retain it in intimate mixture with the cacao butter, in the liquid state, long enough to pour into the moulds, the resinous portion would separate and obstinately adhere to the bottom of the vessel, notwithstanding the most careful and varied manipulation.

To prepare assafœtida suppositories of medium strength:

| | | |
|---|---|---|
| ℞. | Assafœtidæ purificatæ, | ʒiij.* |
| | Liquoris potassæ, | gtt. xxij. |
| | Ol. theobromæ, | ʒv. |

Rub the liq. potassæ in a mortar with the purified assafœtida, until well and smoothly mixed, then gradually add the butter of cacao in small portions at a time, and incorporate thoroughly until about one-half is added; then add the remainder, which may not be so carefully mixed; then proceed to prepare one dozen suppositories in accordance with directions given in the writer's essay upon suppositories, on page 225 in May number of the *Journal of Pharmacy*. They should be cast in moulds of 35 grs. (cacao butter) capacity.

As thus prepared, *each* of these suppositories contains, when the whole process has been carefully and skilfully managed, the *entire* active properties of *fifteen* grains of assafœtida, and are beautiful and elegant in appearance. Suppositories of almost any desired strength, from one to twenty-five or thirty grains, can be made with the greatest facility by the above process.

The use of liq. potassæ in the foregoing process I consider entirely unobjectionable, as it is in too minute a quantity to produce the slightest irritation, and being wholly saponified—if not entirely so by the resin and volatile oil, it is by the fatty acids of the butter of cacao. I should think its tendency would be beneficial, rather than otherwise, by increasing the solubility of the resin, and rendering it more easy of absorption; consequently promoting the activity of the drug.

As far as I can learn, druggists generally, who have a demand for suppositories of assafœtida, are in the habit of preparing them from the powdered drug, to avoid the trouble encountered in using the fresh tears. Powdered assafœtida must be almost, if not entirely inert, when administered in this form, being nearly, if not quite devoid of volatile oil, and the resin in a state unfavorable to absorption.

* Purified by solution in alcohol, etc. Assafœtida in tears may be used instead.



### Singular Case of Lactation by an Old Woman.

Dr. Wm. A. Gillespie, of Louisa county, Virginia, communicates the following case to the *Boston Medical and Surgical Journal*, of August 20th.

"Mrs. Arnett, a widow from Tennessee, aged about 60, came to Virginia with her youngest daughter, to get a legacy left her by her father's will. The daughter, about 30 years of age, was unhealthy, of a sallow, waxy complexion, with an enormously enlarged spleen. Soon after coming to Virginia, the daughter married a young man named Crocket, became pregnant, in due time was delivered of a small, feeble child, and in about two months died. Her mother, Mrs. A., a robust, healthy woman for her age, took the child and tried to raise it by feeding. The child's bowels became disordered; she could not procure a wet nurse, and I advised her, as she had large full breasts, to apply the child to her nipples, telling her I thought milk would come, and nourish the child, and that I had read a similar case. She followed my advice perseveringly, and to her astonishment, a plentiful supply of milk was secreted. She nourished the child in this way until it was nearly two years old; it became strong and healthy, when she removed back to Tennessee, with the child."

### Treatment of Hysteria at Rudolf Hospital. Vienna.

Suphate of aniline has been used for this disease in the female, and in a case of pain of lower extremities which could not be traced to a particular cause, with the effect of producing cure.

Four grains were given daily in powder, and the patients were cured in a few days. *Wiener Med. Presse*, No. 37, 1868.

Medical and Surgical Reporter.

PHILADELPHIA, FEBUARY 13, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

## MEDICAL MATTERS IN SYRIA.

Dr. Henry S. West, of Binghampton, N. Y., who for the last ten years has been physician to the Syrian mission, recently returned on a visit to his native town, and was there the recipient of the hospitable attentions of the Binghampton Academy of Medicine.

The centre of his professional practice abroad has been at Sivas. This city, anciently called Sebastia, and supposed to have been the residence of Mithridates, King of Pontus, is about 450 miles to the south-east of Constantinople, in Asia Minor. It is situated on a broad plain through which the river anciently called Halys, now named Kuzzle Urmak, or Red river, takes its way to the Black Sea. As its elevation above the level of the sea is some 4000 feet, its climate is quite cool and salubrious. In towns in the elevated regions like Sivas the people are robust and ruddy. In those of the lower and hotter regions, miasm is rife, and the peculiar sallow complexion and feeble organization are the result. Scrofula is exceedingly common where miasm prevails. This no doubt is increasing very much in many towns by the intermarriage of scrofulous families. In Tocat, for example, affections belonging to this family of diseases have increased within the last decade. Hundreds, probably thousands, go to their graves annually there from consumption and other tubercular affections. The population of the city is both deteriorating and diminishing from this cause. Dr. West had a large experience in the treatment of miasmatic disease, and found quinine the sheet anchor on which he could rely.

Dr. West also gave a classification of diseases, his treatment of them, etc., referring to fevers as endemic in Asia; to small-pox as almost universal; to measles, that are very severe; to diphtheria, which he had not heard of there; to the ravages of cholera; to inflammatory diseases, as not differing from what we find them here; to cutaneous diseases, as very common; and to a peculiar skin disease known as the Aleppo button, or as the natives call it "year sore," from its duration. Its cause was evidently atmospheric.

Midwifery in Asia, Dr. West said, is in the hands of ignorant women. Oriental physicians are never consulted in such case. Prolapsus uteri and similar troubles are rarely heard of. Of the native practitioners, he spoke as follows:

The native medical practitioners of Asia Minor are generally without education. They are mostly Armenians and Greeks. Their profession descends from father to son, like most of the trades and occupations of the land. They have their drug shops in the market, which they keep well supplied from Constantinople. Many of our drugs are indigenous there, as opium, hyoscyamus, conium, rhubarb, cherry, laurel, castor oil bean, etc. Many of the physicians have a large practice and accumulate wealth. They are mostly routine practitioners, dealing largely in blood-letting, emetics, and purgatives for all forms of disease. They however recognize the regular profession as the standard, and are glad to call on me to prescribe for their patients, at the request of the latter, and they are generally ready to follow my advice. There are no systems of quackery in the East as in this favored land. The people, however, have been in the habit of resorting much to various charms, incantations and prayers to remove disease. They have the idea that insanity, convulsions and most forms of nervous disorders are caused by possessions of evil spirits, for the removal of which they have generally been in the habit of resorting to their ecclesiastics, who are supposed to be able to exorcise the demons by their prayers.

## A GOOD MOVE.

The physicians of Millville, New Jersey, have adopted the following sensible resolutions, which we should like to see universally held:

"1. That when the patient has received the last visit, the Physician shall leave his bill.

2. That we have employed a collector, and if the bill remains unsatisfied ninety days, it will be placed in his hands for settlement.

3. That the said collector shall not retain the account more than six months, when, if unsatisfied, it shall go into the hands of a Justice of the Peace, and if not liquidated in three months, the person's name for whom the bill was made, shall be placed on a *Black List*, of which each Physician shall have a copy. (A person's name on the black list cannot receive our professional services unless all arrears are paid, or by an order from an overseer of the poor.)"

# Notes and Comments.

### Medical Matters in Indiana.

The *Western Journal of Medicine* makes the following remarks on medical changes proposed in Indiana.

"Three bills, in which the medical profession are especially interested, are now pending in the Indiana Legislature. The first is entitled 'An Act to protect the citizens of Indiana from Empiricism, and elevate the standing of the Medical Profession.' This act has passed its second reading, and probably will become a law, so far as legislative action is concerned, (though we hope not, unless some material alterations are made,) before this number of the *Journal* reaches its readers. It makes it 'unlawful for any person who has not attended two full courses of instruction and graduated at some school of medicine, in the United States or some foreign country, or cannot produce a certificate from a State or County Medical Society, and is not a person of good moral character, to practice medicine in any of its departments, for reward or compensation, for any sick person in the State of Indiana; provided, that in all cases where any person has been continuously engaged in the practice of medicine for a period of ten years or more, he shall be considered to have complied with this act, and that when persons have been in continuous practice of medicine for five years or more, they shall be allowed two years in which to comply with such provision.' The second section of this act recounts the penalties for its violation—not less than fifty dollars, nor more than one hundred dollars for the first transgression, and for the second, thirty days in jail, besides the fine; and in no case can any fee for professional services, rendered by the offender, be collected, and concludes by stating that dentists are exempt from the action of this law.

"The other two bills to which we refer, are one in reference to the establishment of a medical department of the State University, and the other for the registration of medical practitioners in each county auditor's office every year, a fee being paid by every one thus registered, (he at the same time specifying the school to which he belongs), these fees to be distributed to the different county medical societies. This last bill was prepared by our friend Dr. Hibberd, and we hope he will give in the next number of the *Journal* some details as to it."

### Surgeons on Railways.

An arrangement has been completed on the Philadelphia and Erie Railroad which does credit to the humanity of its management. It is the appointment of a corps of surgeons along its line, under the direction of a surgeon-in-chief, who appoints an assistant in every town along the line in which the services of a surgeon may be required.

The object is to secure to any employee of the road who may be injured, the best of surgical treatment, and also to have a thorough organization to be called on in case of an accident on the road. The best surgeons along the line have been appointed by the chief, Dr. H. A. Spencer, of Erie, Pa.

### The Value of a Medical Diploma.

Qualified assistants are still, we presume, says the *Brit. Med. Journal*, articles of very cheap attainment, for we observed recently two advertisements for qualified assistants to dispense, visit, and attend midwifery, at the rate of £50 per annum, in-doors. These are just the wages of a good London footman. It is not uncommon to see many such advertisements; and with such prospects as these before them, it is difficult to understand the number of educated men, who at the age of 17, already having spent some hundreds on their education, are preparing to spend from £500 to £1000 more, and to pass four years in acquiring the knowledge which shall entitle them to seek, by advertisement, an "in-door situation, with midwifery and dispensing, at £50 a year." Nothing can show more conclusively how wretchedly underpaid and overstocked is our professson, than that it should be necessary to offer such terms, and that many should be found willing to accept them. At any rate, we think that parents and guardians, who are about to commit their charges to such a future, should pause and scan our advertising columns, the records of boards of guardians, and of the Medical Benevolent Fund, before they take the final step. The medical profession is overstocked and underpaid.

### The Therapeutic Effects of Lupuline.

M. Méhu finds that the resin of hop, in the dose of twenty to thirty grains, produces often an intense headache; sometimes nausea, and even slight vertigo; and always a state of insensibility, lasting several hours, but without hallucinations such as haschish causes. Each time he has found a subsequent and notable increase of appetite.

# Correspondence.

## DOMESTIC.

### Eclampsia Puerperarum.

Editors Medical and Surgical Reporter:

I cannot refrain from presenting an item of reference containing a synopsis of my own views in regard to this subject. Those cases placed on record in your Reporter, as related by Drs. Blackwell and Klingelhœffer in connection with many others that are, and that are not, before the public are sufficient in my belief to put the profession at large on their guard against tampering with human life, especially to the inconsistent tune of homœopathic do-little measures. My opinion is that human lives are as valuable to-day as ever, and that in conditions like the above, favorable for, and apparently demanding it, full and efficient depletion with a broad shouldered lancet should be resorted to, notwithstanding the current ideas and admonitions of a few timid novelty writers. Let our mode of practice be based upon, and spring out of the long familiar and successful experience of sound theorists, and then if we meet with a desire to amend, reconstruct or what-not, we have a foundation laid from whence to proceed with due composure, feeling and knowing that we are justified in striving (not neglecting) to save lives that are precious indeed.

A paralell case now occurs to my mind which happened in my then immediate neighborhood, and which I will insert by way of illustration. Mrs. G. S., of V., Ill., in the month of April, 1867, a brief period prior to her anticipated confinement, was seized with and exhibited all the symptoms of eclampsia puerperarum.

Three physicians were called in attendance, when the anæsthetic and hypnotic agents were used freely, both alternately and simultaneously, but all to no effect whatever. The wife of the Rev. J. D. Smith, a lady possessed of good common sense, being present, and witnessing the ill effects of the above measures, as persevered in, together with the appearance of the patient, gave it as her decided opinion that a good bloodletting was actually necessary; but nay, you could not befog the minds of those sages, and the result was that death introduced itself and tranquilized the scene. The child was still-born during a paroxysm.

In conclusion, I will present within the limits of brevity another case not materially unlike the one just given, but which terminated with different results, consequent, as I believe, upon rational treatment.

In the month of December, 1867, I was summoned to visit a lady, who, as the messenger stated, was "having fits." Upon arrival there, I ascertained that but a few hours previous she had given birth to a child, and that a true type of puerperal convulsions was obviously characterized, of which she had undergone a series of nearly thirty in number. Therefore, immediately upon examination, I opened the median cephalic vein, taking one and a half pounds of blood at once, with a determination of repetition if necessary, but after two additional paroxysms of much less intensity, a permanency of cessation was plainly marked, and therefrom consciousness gradually returned with rapid improvement, until my services were no longer required.

Finally, I entertain the idea that in all cases requiring it, phlebotomy should be practised, whether in puerperal convulsions, apoplexy, or pneumonitis. I could, were it not for intruding upon your valuable columns, produce a grand array of testimony all confirmatory of favoring the above measures, and with complete and satisfactory success. But without my further giving the whys and wherefores, as I believe reason itself will in every instance, if allowed to act at the proper time. Therefore, I consider myself under the protection of the excused for the present.

Geo. H. Vance, M.D.

*Oneida, Ill., Jan.* 29, 1869.

### Curious Monster.

Editors Medical and Surgical Reporter:

I do not wish to encumber the pages of your valuable journal with matter that would not be interesting or instructive to its patrons, but the following case seems so singular, so unusual, to me, a young practitioner, that I fain would describe it, though in humble language. A year or more ago, my partner, of Menard Co., was called to attend a middle aged lady, in her first confinement, who by the time of his arrival had been delivered of the child-curiosity, of which I write.

There were several anatomical changes in the babe, the most striking and peculiar being a natural chignon, of modern style, on the back of the head, composed of the cerebrum, developed outside the posterior fontanelle, and enclosed by the pericranium; the part covering the tumor was clothed with a luxuriant growth of hair, and was constricted at the neck, precisely like the waterfalls worne by the belles of the present

day. On the feet were six toes, and protruding through an opening at the side of the umbilicus were the small intestines; the stomach, colon and rectum remaining in their natural positions. Dr. Roberts (my partner) and I procured the little curiosity, and conveyed it to Springfield, Ill, for the inspection of the profession there, and the decision of the majority of medical men who saw the specimen, was that the superior hemispheres of the brain, as also the small intestines, were formed and developed externally.

E. D. Thomas, M. D.

*Greenview, Ill.*

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### Prolapsus Uteri.

Editors Med. and Surg. Reporter:

A somewhat singular case of prolapsus uteri came under my treatment which will perhaps be well enough to give in detail. A lady, æt. 60 years, who had followed weaving in a hand loom for some 16 years, called upon me last spring to be examined. She had been for the past 12 years laboring, as she supposed, and her physician had informed her, under a disease of the bladder. I made examination per speculum and found the uterus lying just within the labia interna, with the fundus resting on the left side and bent laterally, the cervix much enlarged and elongated with a patch of ulcers upon the superior portion of the os, describing the upper half from which exuded a sanguineous muco purulent discharge, emitting a disagreeable saline fetid odor, also that portion of the cervix that lay against the bladder was in a highly imflamed state, producing a constant desire to miturate. When voiding urine she would experience severe pain in the neck of the bladder with a burning sensation. I also found a vascular tumor the size of a garden pea just beneath the meatus urinarius. After completing my exploration then came the modus operandi; first I introduced a small sound into the urethra to detect stricture, but found none. I then introduced a catheter and drew nearly a pint of urine, which was highly colored and showed a calculus deposit. This gave marked relief, and I then proceeded to raise the uterus slightly and disengage it from the bladder; then took a small thin piece of sponge saturated with a solution of acetate of lead, and placed it between the uterus and bladder. This done, I penciled the os with nitrate of silver once a day for four days, until I broke down the ulcerative process, and after the cauterized part had sloughed a healthy surface made its appearance. Next I made a solution of permanganate potash, grs. x., water ℥vi., and used as a mash to the os and vagina, this I continued for eight days, when I deemed the irritation sufficiently allayed to replace the uterus, which I succeeded in doing without much difficulty. I held the same in situ with a sponge saturated with a solution of acetate of lead, removing and cleansing same every day for two weeks; at same time gave internally fluid ext. helonia, fluid ext. caulophyl., fluid ext. cypriped, āā ℥j. Dose, teaspoonful three times a day, and in three months the patient, to use her expression, felt like a girl of 18 years. The vascular tumor I removed with curved scissors, but strange to say the difficulty of the bladder never returned after using the catheter.

J. P. Marsh, M. D.

*Hanover, Wis.*

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### Chlorate of Potash in Abortion.

Editors Med. and Surg. Reporter:

Having some year or so ago noticed in some journal (I think the *Journal of Med. and Surg.*, Philadelphia) that to chlorate potash, was attributed the surprising property of preventing abortion. I resolved to test its efficacy the first opportunity. Fortunately had not long to wait.

Mr. M., called to see me in regard to his wife; he told me she had advanced seven and a-half months in pregnancy, and from her complaints he thought she would have premature confinement, further stating to me that she had at two previous pregnancies aborted at seven and a-half months. I enjoined perfect rest, and prescribed chlorate potash three grains four times per day. I did not have any more complaints from her until she had completed her gestation. She was delivered of a fine "big" boy, which is now living and doing well.

*Case 2d.* Mrs. S. had progressed two and a-half months in her gestation, when I was called in haste, found that she had all the symptoms of labor, but no rupturing of the membrane had taken place yet; prescribed chlorate potash, three grains four times per day, with the addition of one-eighth grain morphia sulphatis. She told me she had aborted three times, at two and a half months, and feared the same result this time. But since that time (which is two weeks) she has been doing well and attending to her domestic duties.

Two other cases I could mention with similar results, but deem it not necessary.

J. S. Lewis, M. D.

*Farmington, Penna., Feb. 1st*, 1869.

### Meteorological Observations.

Eidtors of the Medical and Surg. Reporter:

Meteorological observations taken at Cape Disappointment, W. T.; three observations daily, of Thermometer and Hygrometer, viz., at 7 A. M., 2 and 9 P. M. Situation, north entrance of Columbia River, Washington Territory; in lat. 46° 16′ 32″ N.; long. 124° 02′ 13″ W. Alt. of Barometer, 30 ft.

| 1864. | *Daily. Ther Mean.* | *Daily. Hygro. Mean.* | *Rains. Inches.* |
|---|---|---|---|
| July | 60 71 | 55.16 | .53 |
| August | 64.09 | 61.12 | .37 |
| September | 63.59 | 60.26 | 4.98 |
| October | 58.53 | 56.79 | 1.72 |
| November | 55.57 | 55.10 | 10.30 |
| December | 47.29 | 46.95 | 10.00 |
| 1865. | | | |
| January | 42.89 | 41.35 | 10.20 |
| February | 41.34 | 40.56 | 4.37 |
| March | 41.64 | 40.77 | 13.55 |
| April | 49 76 | 46.10 | 3.60 |
| May | 57.71 | 54.25 | 3.40 |
| June | 60.94 | 58.50 | 1.86 |
| July | 63.63 | 61.80 | 1.20 |
| August | 62 26 | 60.11 | 1 85 |
| September | 58.68 | 57 23 | 8.85 |
| October | 53.56 | 52.16 | 3.70 |
| November | 49.43 | 48.86 | 13.90 |
| December | No observations. | | 11.10 |
| January | inst. to 25th, no observa's, | | 4.80 |
| 1866. | | | |
| June | 59.54 | 55.33 | 5.65 |
| July | 62.47 | 58 12 | 0.79 |
| August | 60.67 | 58.44 | 2 78 |
| September | 58.90 | 57.01 | 0 75 |
| October | 53.25 | 52.26 | 7.12 |
| November | 50.78 | 49.43 | 19 07 |
| December | 47.43 | 44.25 | 16.12 |
| 1867. | | | |
| January | 42.62 | 41 00 | 12.14 |
| February | 41.25 | 39.80 | 12.19 |
| March | 40.17 | 38 11 | 1.96 |
| April | 49.46 | 47.54 | 5.32 |
| May | 55.99 | 52.58 | 0.93 |
| June | 58 88 | 56.11 | 3.40 |
| July | 63.67 | 60.76 | 7.90 |
| August | 59.93 | 58.17 | 0.50 |
| September | 59.51 | 57.00 | 3.90 |
| October | 53 54 | 52.23 | 13.80 |
| November | 50.35 | 48.16 | 11 50 |
| December | 45.34 | 43.76 | 18.20 |
| 1868. | | | |
| January | 34 35 | 33.42 | 4.50 |
| February | 43.80 | 43.07 | 4.50 |
| March | 46.67 | 45.02 | 13 50 |
| April | 51.13 | 49.13 | 8.30 |
| May | 56.21 | 53.80 | 4.20 |
| June | 57.84 | 55 57 | 4 60 |
| July | 61.94 | 58.83 | 0.00 |
| August | 59.76 | 57.48 | 0.00 |
| September | 56.48 | 54.18 | 0.40 |
| October | 54.12 | 52.15 | 6.10 |
| November | 51.07 | 49.21 | 10 40 |
| December | 49.09 | 47.33 | 8.90 |

Rain-fall for 50 months, as shown above, 319.70 inches, or 6.394 inches fall per month, or 76.728 inches per year; but, as a general thing, this all falls in nine months, as very little rain falls in the months of July, August, and September, as a usual thing. The greatest fall of rain was in November, 1866, 19.07 inches. "Medico."

# News and Miscellany.

Hypodermic Injection and Blisters.—In order to avoid the pain produced by blisters, M. Bricheteau gives a hypodermic injection of morphia at the moment of applying the blister.

—— The Medico Forensic Society of New York held its first regular meeting on the evening of the 3d inst., at the residence of Dr. Beach, No. 142 West Twelfth Street. The subject taken up for debate was, "Whether the will made by a man a few days previous to his committing suicide, was valid?" The debate was very interesting, there being much difference of opinion between the gentlemen present. No conclusion was arrived at, the subject going over to a future meeting.

*[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

## MARRIED.

Douglass—Bacon.—Jan. 24, 1869, Dr. C. E. Douglass, of Con tableville, Lewis co., N. Y., and Miss Esther Bacon, only daughter of David Bacon, Esq., of Leyden, N. Y.

Goddard—Palmer.—In New Orleans, Jan 26, 1869, by the Rev. Mr. Hedges, at Christ Church, Wm. E. Goddard, of Philadelphia, and Emilie, youngest daughter of Dr. Palmer, of St. James, Louisiana.

Mengumery—McDonald.—Nov. 21, 1868, by Rev. J. W. Hamilton, R. E. Mengumery, M. D., and Miss M. M. McDonald, both of Washington co., Pa.

## DIED.

Barnette.—At Opelika, Ala., Jan. 20, 1869, Mrs. Bell Barnette, wife of Dr. J. B. Barnette.

Curtiss.—Feb 3, after a lingering illness, Dr. John G. Curtiss, of Jersey City.

Gibbons.—At Wilmington, Del., Jan. 30, Rebecca, widow of Dr. William Gibbons, late of that place, aged 83 years.

Mrs. Gibbons was, we believe, the mother of Dr Henry Gibbons, Sen., and grandmother of Dr. Henry Gibbons, Jr., both of San Francisco, and editors of the *Pacific Medical and Surgical Journal.*

Ludwig.—In Boston, Mass., Dec. 27, Warren Ludwig, M. D., aged 56.

## METEOROLOGY.

| January, | 25, | 26, | 27, | 28, | 29, | 30, | 31. |
|---|---|---|---|---|---|---|---|
| Wind | N. W. | N. W. | S. W. | N. W. | N. E. | W. | N. W. |
| Weather | Clear. | Clear | Cl'dy. | Clear. | Cl'dy Rain. | Clear. | Clear. |
| Depth Rain. | | | | | 8-10 | | |
| *Thermometer.* | | | | | | | |
| Minimum | 28° | 8° | 10° | 16° | 24° | 38° | 26° |
| At 8, A. M. | 43 | 19 | 28 | 34 | 35 | 50 | 39 |
| At 12, M. | 39 | 29 | 38 | 47 | 49 | 58 | 40 |
| At 3, P. M. | 36 | 29 | 39 | 45 | 55 | 58 | 39 |
| Mean | 36 50 | 21.25 | 28.75 | 35.50 | 40.75 | 51. | 33 50 |
| *Barometer.* | | | | | | | |
| At 12, M. | 29.6 | 30. | 29.9 | 29.8 | 29.9 | 29.5 | 29.8 |

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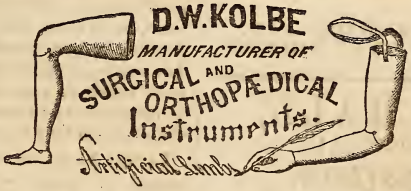


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THE

# MEDICAL AND SURGICAL REPORTER.

No. 625] PHILADELPHIA, FEB. 20, 1869. [Vol. XX.—No. 8.

## Original Department.

## Communications.

### DISTORTION OF THE LEG FROM A BADLY UNITED FRACTURE—OPERATION AND RESULTS.

By H. M. Lilly, M. D.,

Of Fond du Lac, Wis.

Richard M., aged about 57. Broke his right leg four inches above the ankle-joint in August, 1867. In July, 1868, I was called upon to visit him and operate upon his leg for the relief of distortion. The lower fragment of the tibia deviated backwards and a little outwards thirty degrees from a straight line. The fibula was firmly united. The tibia was not soldily united. Firm pressure revealed a slight yielding at the point of fracture. The patient was chloroformed and a small incision made over the yielding point in the tibia. "Brainard's drill" was then carried down between the fragments and the callus was broken up by using the drill partly as a lever. The fracture was oblique, and the drill was also carried directly through the overlapping ends of the fragments:—one hole being drilled through in this manner. It was impossible to tell whether the fibula had been broken on a line with the tibial fracture or above or below that line. As it was perfectly solid it was thought to be as well to drill and fracture it on a line with the fracture of the tibia. A second puncture was accordingly made through the soft parts down to the fibula, and the bone was partially drilled through at two points very near to each other. I feared to carry the drill entirely through on account of the proximity of the peroneal artery. The tendon of achilles was now divided subcutaneously for the double purpose of obviating the shortening of the tendon, consequent upon the distortion, and of effectually preventing all traction upon the posterior portion of the lower fragments during the early stages of the treatment of the fracture. With my hands I now broke down the fibula by a sort of interstitial fracture,—the bone not entirely separating at the point drilled. The tibia readily yielded at the point of original fracture. The limb was brought straight and laid upon a board covered by a blanket.

A second bag was laid upon each side of the leg. On the anterior portion of the limb over the point of fracture a sand bag was laid,—as heavy as the patient could comfortably tolerate. The inequalities behind the leg had been filled in with compresses. The three punctures were each closed with a strip of adhesive plaster. Two long strips of adhesive plaster were also placed on the sides of the foot commencing below the malleoli and passing out respectively alongside the big toe and the little toe. The projecting ends were tied in a loop, and the plaster was secured to the foot by a bandage around the foot and ankle. A cord was fastened in the projecting loop of the plaster over the toes, and the cord passed over a pulley secured in the top of the foot-board of the bed. A weight was tied to the distal end of the cord, sufficient to counterbalance about three-fourths of the weight of the foot. This contrivance was for the purpose of obviating painful pressure upon the heel, and I can recommend it to the profession as being a contrivance that will effectually silence all complaints from their patients about their heels in all similar cases. This dressing having been completed, I left the patient in the care of the attending physician, with the understanding that I was to re-visit the case in a week. At the end of the week I found that the consecutive inflammation had been rather severe, but no ill consequences had supervened. The swelling had mostly subsided, the punctures had nearly healed, there having been only slight superficial suppuration about the punctures over the tibia and fibula. The limb was now carefully put up in splints, and for additional safety secured in a fracture box. Seven weeks after the operation I received a letter from the attending physician reporting that the patient had recovered with a limb that was "perfectly straight and sound," a result as much due to his own faithful care of the case as to the party performing the operation.

## CASE OF POISONING WITH OPIUM.

By M. P. Barker, M. D.,
Of New Castle, Pa.

As belladonna and its alkaloid atropia, have been experimented with considerably for several years past, as an antidote to poisoning with opium, I have thought that it might not be inappropriate to add my testimony in its favor by reporting the following case.

Some time ago, a lady patient of mine, aged about forty-five years, consulted me about some hepatic trouble, for which I gave her the following prescription: R. Hyd. chlor. mite., ij. Pulv. rhei., ʒss. M. ft chart ij. S. one every six hours. The prescription was filled by a clerk who professed to be an experienced druggist. Happening to call at the drug store about two hours after I had written the prescription, he remarked to me, "that was a pretty large dose of opium you gave that lady." I replied that I had not prescribed opium. He examined the prescription, and found that he had made a mistake. I sent him as speedily as possible to see if she had taken it, but when he got there he ascertained that she had taken it nearly an hour before. As soon as he reported to me, I visited her as soon as possible, and found her getting sleepy, pupils contracted, etc.

I immediately gave her a large dose of sulph. zinc, which produced free emesis. I then commenced giving her fluid ext. belladonna, twenty drops every half hour.

In the meantime I kept her walking around to keep her awake. The pupils contracted down to a mere point, and in about six hours the stupor became so great that she could not be aroused. I then resorted to galvanism, and applied it so strong that I could not have held the wires for a moment, but still she slept. This was continued for some time, and until the pupils commenced to dilate; from that time I gradually reduced the quantity of belladonna, until the dilatation reached the proper size, when I discontinued it, feeling that she was safe, notwithstanding she continued to sleep for six or eight hours afterwards; she made a speedy recovery. I gave her in all one hundred and twenty drops of fluid ext. belladonna.

I think two things are fairly deducible from the above case, first, that we should have proper safeguards to protect both people and physicians from the carelessness of druggists, and inexperience of those who aspire to stand at the prescription stand, before they are competent. On this point I might add, that a man called at a drug store; he found the store in charge of the daughter of the druggist. He asked for some powdered ipecac, as he wished to give his child an emetic. She waited on him and gave him, as he and she supposed, the article he called for; he went home, administered a small dose, as it did not vomit he gave a larger and still larger dose until he finally gave it a tablespoonful. Becoming alarmed he sent for me, but when I got there it was in *articulo mortis*. I examined the medicine and found it to be Dover's powder.

Second, that belladonna is an antidote to poisoning with opium when resorted to soon enough, as I have no doubt my patient would have died without it.

## REPEATED DISLOCATION OF THE HEAD OF THE HUMERUS.

By H. C. Allen, M. D.,
Of Benton, Mo.

In the Reporter of the second of January, your correspondent, Dr. "M. H. D," says he had lately reduced a dislocation of the shoulder-joint, which had been dislocated three times before; twice backward and upward, and once downward into the axilla, and the fourth, the one reduced by him, was in the axilla also; that the last two dislocations were produced by simply raising the arm suddenly. He then asks if there is no apparatus which can be applied to the shoulder, to prevent the dislocation again, especially downward.

There can be an apparatus made which will hold the head of the humerus in its place securely. I speak from experience. On the 6th of August, 1867, I was called to see a Mr. W., in Washtenow county, Mich., where I then lived, aged about sixty-five; tall and of rather slender frame, feeble constitution, of scrofulous and tuberculous character, subject occasionally to epileptiform spasms, or convulsions at night. He had, about a week before calling me, one of these attacks at night. After it passed off, he complained of pain in the right shoulder, but not so much as to attract particular notice. The next morning the pain was quite severe, the shoulder quite badly swollen, and he had considerable fever. He sent for Dr. G., my nearest medical neighbor. The Doctor went to see him; found him in a high fever; the shoulder very much swollen all around, and very much congested. The Doctor diagnosed rheumatism, and prescribed accordingly, and with other things,

the tincture of colchicum. He visited the patient a few times, finding him in about the same condition every time, and then became a little negligent, and I was sent for. I visited him immediately. Found him very much distressed and prostrated by the colchicum; shoulder very much swollen and congested; fever not very high. I supposed the case was that of rheumatism also; and to meet the immediate necessities of the case, produced by the colchicum, ordered morphine and stimulants; by morning his condition was much more satisfactory. Ordered nitrate, acetate, and bicarbonate of potassa to be given. I continued to visit him until the 14th of the month, when he had gotten rid of all fever, was able to be up most of the time, and had pretty good appetite. The shoulder was still badly swollen, but of nearly natural color. Ordered the shoulder to be frequently rubbed with iodine and turpentine linaments, and left him.

On the 8th of September he called at my office. Upon examing his shoulder, which I did because he could not use his hand or arm, only to a limited extent, I found the swelling entirely gone, except a tumefaction just under and back of the neck of the scapula.

The deltoid muscle appeared to have shrunk entirely away. But upon a very slight examination by the taxis, the tumefaction proved to be the head of the humerus, and therefore out of its place.

He returned home with the understanding that I would visit him the next day, with Dr. G. to assist me, and reduce the dislocation, if possible. We went, according to promise, and without the use of chloroform, which we dared not give him, on account of the diseased condition of his lungs, by traction and manipulation readily reduced it, and bandaged and stayed it securely, as we hoped, yet fearing that it might slip again, as the head of the humerus did not fit up snugly under the acromion process.

I visited him again two days after; found that dislocation had taken place again. With the assistance of two neighboring farmers, reduced it again, and before we could do anything towards *fixing* it, it slipped again. I reduced it, and it slipped back twice more before I succeeded in confining it to its place. I did so, however, at last, and left him, first taking his measure for a jacket. On arriving at home, I went to a tailor's shop and had a pattern cut to fit the measure. I took this to a harness hop, and had two pieces of stout harness-leather cut,—a front and back one, to fit around and over the right shoulder; each piece extending only to the middle line of the body behind and before; had three straps sewed on to the back piece, long enough to go around the other side of the body, to the front piece, on which three buckles were sewed to match. The two pieces were sewed together, leaving an arm-hole. On the back-side of the arm-hole, and under the jacket, from the top of the shoulder to the centre, under the axilla, was sewed a firm leathern pad or roll, made to fit the curve of the arm-hole; just behind the head of the humerus, up to which the pad was made to fit snugly, there was a strap, three-quarters of an inch wide, sewed, and this was brought across the head of the humerus, or a little below, diagonally downward in front, and there secured by buckling; another was sewed on, about two and a half inches below the first, back of the arm, and brought diagonally across the arm upward, and secured by a buckle.

The next day I took it down; found that dislocation had occurred again; reduced it, and applied the jacket, by slipping the arm through the arm hole, and then buckling the straps which went around the body. This brought it up snugly and tightly around the shoulder, and then buckled the two straps across the arm near the head of the humerus, and it was made fast; no other apparatus was necessary. At first the straps across the arm were made a little too tight, which caused the wound to swell; but on slackening them a whole or two, the circulation was restored.

The jacket was worn for about six weeks, and then entirely removed. The dislocation has not occurred since, or had not up to the 20th of September last, when I left that county and State.

If your correspondent, "M. H. D.," will have a similar jacket made, with his pad to extend from the top of the arm-hole, behind, down and around under the axilla, and half way up in front, and cause his patient to wear it for one or two months, until the ruptures made by the dislocation are healed, and restored to their normal condition, he will accomplish his purpose.

I will remark, that in our diagnosis of this case, we were doubtless in error. That the case was one of spontaneous dislocation from the first, occurring during the convulsion which he had at the beginning, and not rheumatism, as we supposed.

There having been nothing done by the patient to cause a dislocation, and nothing having happened to him, in the shape of shock, to give rise to even a suspicion, that a dislocation had happened, and the shoulder being so much swollen

as to conceal the tumefaction, which the head of the humerus would cause in that form of dislocation, and the whole shoulder being very much congested, and the general fever with which the patient was suffering, all tended to and led us into the error of diagnosing rheumatism.

If we had had the least suspicion of a dislocation, we should have resorted to measurement, and would, at once, have discovered the truth.

For me it was a lesson, which will not soon be forgotten; and I have been the more careful to give the particulars of the case, that others might be more guarded, if they should ever meet with a similar case.

## INSTRUMENTAL DIAGNOSIS.

By Philip S. Wales, M. D.,

Surgeon, U. S. Navy.

(Continued from p. 128.)

### VII. Instrumental Diagnosis of Diseases of the Functions of Refraction and Accommodation.

Having shown how the various sorts of foci are formed, we are now prepared to understand how images are formed, for the image of an object is nothing more than the aggregate of images of its separate parts, and as the foci where these little images are formed are either real or virtual, so must their aggregate, or the image of the whole object, be real or virtual.

The media of the eye act in the same manner as lenses in the refraction of light, the chief of which are the cornea and the crystalline lens, which have conjointly the action of a convex lens. The media intervening between these are so nearly alike in their indices of refraction, that little influence is exercised upon rays of light after traversing them. The largest amount of refraction is produced at the anterior surface of the cornea, from the great difference in densities of the corneal tissue and the air. The rays may then be practically supposed to undergo little other deviation until they arrive at the crystalline lens, where a further convergence is effected, the emergent rays afterward passing unchanged in direction to the retina. The refractive power of the normal cornea is such that parallel rays would be focused five lines behind the retina, but in passing through the crystalline lens an additional degree of refraction is impressed upon the rays, by which they find their focus immediately upon the inner surface of the bacillary layer of the retina, and distinct vision is the consequence.

The refractive surfaces of the cornea and crystalline are not spherical, but are sections of the allipsoide, except the posterior face of the latter, which represents a paraboloid curve. As the axes of these geometrical figures are unequal, the curvatures of their surfaces must also be unequal, and, therefore, unequal refraction in their different meridians result, and necessarily dispersion circles be formed; though this does actually occur, yet from the cutting off of the peripheral rays by the contraction of the iris, and the small central space of the lens through which only the rays pass and are refracted, the circles of dispersion are not sufficiently large to interfere with distinct vision.

We have now examined into the first part of the inquiry set afoot as to how the the crystalline lens and refractive media form images, and we shall now enter the second part, as to the nature of the processes for modifying the influence of these parts upon the rays, that the images formed by them may always be formed upon the retina, whatever the distance of the objects which form them. That the object is accomplished by the action of the ciliary muscle upon the elastic lens, there can now, since the exact observations of Cramer and Helmholtz, be no doubt, but the exact mode in which it is done is yet an open question. As we have already shown, there is little difficulty, after a careful examination of the optical constituent of the eye, how the images are formed by the refractive media, of which the principal are the surfaces of the cornea and crystalline lens. The adjacent structures through which the light passes being so nearly alike in their indices of refraction, that for all practical purposes the parts intervening between these surfaces may be considered as homogeneous, and as transmitting the light in almost straight lines.

This power which the eye possesses of clearly distinguishing objects at different distances is called the function of *accommodation*. It is a physiological action by which the focal point is changed in its position forward or backward, according as the object is brought nearer or removed farther from the eye. The extent to which this function can be exercised is called the *range of accommodation*, and is limited, on the one hand, by the nearest point at which an object can be distinctly seen (called the *near point* of distinct vision, or *punctum proximum*,) and on the other hand, by that remote point (the *far point* of distinct vision, or *punctum remotissimum*,) at which objects are indistinct.

Cramer and Helmholtz have determined, by

a series of beautiful and exact experiments, that this power of altering the focal adjustment is due exclusively to the action of the ciliary muscle upon the elasticity of the lens, changing markedly the curvature of its anterior surface, and to a less degree that of its posterior face also. Further research is yet required to determine exactly how this action is exercised. It has been supposed that the lens, in virtue of the elasticity of its capsule, has the power of contracting its diameters when the action of the ciliary muscle has been exerted in stretching the choroid and retina, and thus overcoming the influence of the zonula, which is the supposed agent in keeping the lens flattened out. Another explanation suggests that the ciliary muscle and iris press upon the border of the lens, relaxing the zonula, and increasing thereby the anterior convexity. But the share taken by the iris in accommodation must be inconsiderable, inasmuch as the function has been found unimpaired in cases of congenital defect of this muscle, or where it has been accidentally torn away.

Although all the evidence tends to establish that the ciliary muscle is the principal agent in effecting accommodation, yet there are important associated actions of the surrounding parts in exercise, for the iris projects centrally, and is retracted circumferentially, while the pupil contracts in viewing near objects, and thus cuts off the peripheral rays, which require the greatest degree of refraction. The simultaneous contraction of the two internal recti muscles brings the axes of the two eyes in the most favorable position for fixing objects of vision, and thus concur with the function of accommodation.

The influence of the tonic contraction of the ciliary muscle upon the convexity of the lens in perfect relaxation of accommodation, is made evident by the influence of atropia, which completely paralyzes the muscle, and reduces the crystalline to that perfect passive state that it is a perfect analogue with an ordinary lens, so that the ordinary amount of refraction of a normally acting eye is often greatly diminished, so that the far point is then *absolute*, and more removed than the apparent far point.

**Micro-Chemistry: Metals in Drinking Water.**

A late number of the *Philosophical Magazine* contains a new method of measuring minute traces of lead and other metals in drinking water. It is capable of measuring units of metal in 100,000,000 parts of water, and is the work of Professor Wanklyn and Mr. Chapman.

## A CASE OF LONG STANDING EPILEPSY, CURED BY AN EXTENSIVE BURN.

By John C. Pearson, M. D.,
Of Ursa, Illinois.

In the month of January, 1864, I was called on, in great haste, one bitterly cold morning about day-break to go to see Joseph Garing, a German, who had had an epileptic fit and fallen in the fire, burning himself severely.

I found my patient in the most excruciating agony. He had, upon arising in the morning, stirred up a large bed of live coals in an extensive old-fashioned fire place and fallen into them in a fit; and, being alone in the room at the time was dreadfully burned in the hands, arms, face, neck, breast and head before assistance fortunately happened to come in.

I administered opium and stimulants freely, and dressed the whole burnt surface with a liniment composed of lime water and linseed oil. But regarding the treatment I shall say but little, my sole object in writing this communication being to relate this result—the ultimate result after recovery of the burn. Five weeks elapsed before the entire burnt surface had healed, during which time it was dressed daily. It suppurated during this period most profusely, and the fetor arising from it was almost insupportable—indeed the stench arising from it was so great as to cause some curious individuals, who came to see it, to precipitately leave the house to "heave up Jonah" as one fellow expressed the act of vomiting in not very refined language.

My patient, Joseph Garing, at that time about forty years of age, had been the subject of epileptic convulsions from early boyhood, rarely going the lapse of two or three months without the recurrence of a fit, and sometimes having one every few days for a while. This was the case anterior to the burning; but since that great and—as the sequel has proved—*fortunate* event in his life, *he has not, up to the present time, experienced the slightest symptom of an epileptic spasm!* Four years have passed away, and not a single fit has returned, whereas prior to the reception of the burn every few days would, sometimes, witness a hideous paroxysm of the dreadful disease.

Now of the reader I would ask the question, what was it that caused this permanent cure of a disease of thirty years standing or longer? Evidently the burn in some way was the therapeutic agent, but what was the *rationale* of its action? Was the burn *directly* the cause of the

cure by the shock it induced upon the system, or *indirectly* the cause by the excessive and long-continued suppuration it produced? This was a case of long standing, and one that had resisted every mode of treatment brought to bear against it, when, fortunately for the subject of it he fell into the fire, burnt himself severely, and was thereby permanently cured.

Anterior to my personal experience of this case I had heard or read somewhere, I think, that a severe burn had been known to effect a cure of epilepsy, but gave no credence to the assertion. Now, however, I can say that the case herein related has caused me to change my opinion. The burn evidently and doubtless was, in some way, the cause of the cessation of paroxysms, for subseqnently to its reception, my patient has had no medication whatever.

In conclusion, I will state that prior to the receiving of the burn, Garing would occasionally indulge in the free use of spirituous liquors, which indulgence was invariably followed by a severe epileptic fit, but now he can get as drunk as Bacchus without the least symptoms of any such result. This fact he regards as the crucial test, and is glad that he was burned.

# Editorial Department.

## Periscope.

### Something about Diphtheritis.

By Dr. Buhl. Translated from the German by Dr. Pflaum.

The writer speaks first about the difficulty of the clinical diagnosis of diphtheritis. Not every grey or yellowish spot visible on the structures of the throat is of diphtheritic nature. Also simple catarrh produces yellowish or grey specks; and these are also the most frequent, so that when they are found, catarrh is oftener to be suspected than diphtheritis. The other symptoms, viz., the want of a preceding cold, the sudden and immediate violent attack, the higher temperature of the body, the accelerated pulse, the want of appetite, the considerable prostration, the pain in the muscles, those of the lumbar spine especially, on the other hand, the indolence, or at least the smaller amount of painfulness of the affected cervical organs, want of difficulty in swallowing, do give certain indications for the diagnosis of diphtheritis, but are not reliable enough. Even when only tumefaction or redness in the fauces is perceptible, the writer does not think that the diagnosis can be made correctly either way.

Nothing certain can be concluded from the presence of plaques, regarding their color; but form and situation are more essential. The catarrhal specks are more roundish, small, glistening, have not a sharp edge, are especially located on the entrance to sacculated cavities of the tonsils, do, at the least, not project over them, but are rarely situated on the arch of the palate, can only be taken up with the pincette as little lumps and not as membranes, and show, under the microscope, only mucous and pus corpuscles enfarced in mucus. The parts surrounding the specks are without any characteristic; they are, in diphtheritis as well as in catarrh, tumefied, red, and covered with tenacious mucus. The whole catarrhal process is confined only to the surface; it is indicated by an increased formation of mucus and pus, and neither the epithelium nor the mucous tissue seem to be impinged upon in any way.

Diphtheritis, on the other hand, evinces larger specks and streaks, sharply defined, which are located especially on the soft palate, the uvula, and the tonsils, between the fundus of the tongue and the epiglottis, on the back wall of the fauces, and in the nasal cavities, as also on the root of the tongue, only of very little lustre, and of scaly appearance; they can be taken up only with difficulty, especially so on the first day of their formation. They consist of pavement epithelium of older and newer conformation, mixed with pus and mucus, which epithelium has entered into a special change, namely, according to E. Wagner's experiments, the epithelial cells first enlarge, and then in their individual parts, as well as in their whole substance, they enter into a kind of fibrinous change, which goes on to the nucleus; in this change they present a lucid, homogeneous, glistening network, in which, here and there, some pus corpuscles are visible. Finally, the nucleus also disappears in the fibrinous metamorphose.

In cases where the author succeeded to take up such epithelium, or where it was removed by itself or in some other way, he observed beneath it either the smooth, injected mucous membrane, frequently broken through by hemorrhages or by losses of its substance with bleeding caused by the removal of the epithelium, which in their turn generated yellowish specks. In such a case there have remained parts of the mucous membrane and blood corpuscles on the removed epithelial membrane. The parts of the mucous membrane show, examined with the microscope,

a dense infiltration of small, seldom somewhat oval, single nuclei, which are easily to be distinguished from the double nuclei of pus corpuscles.

But these characteristics are not always defined enough for the admission of a diagnosis of the diphtheritic specks against such of a different kind, as their histological characteristic is very often effaced by the fungus which always is present in diphtheritis, invades and breaks through the epithelial layer of the mucous membrane, and, in the opinion of the writer, attributes a great deal to the size, grey color, sharp contour, the dim lustre, and the membranous structure of the plaques, the elements of the fungi being so small that they are very easily taken for the nuclei of a tissue undergoing decay. But the writer does not say whether the fungus is peculiar in its kind and essential for the diphtheritis, or whether it is the leptothrix buccalis, which is commonly found in the mucus of the mouth.

If by the aid of the microscope nothing can be found, and, in consequence, the diagnosis of the yellow specks remains doubtful, the author lays much stress upon that in diphtheritis, at least in the severer cases, the cervical lymphatic glands are enlarged and sometimes painful, and that they generate œdema in the surrounding parts, which symptoms are neither present in catarrh or in croup.

Besides, there are cases in which the disease does not attack the throat, but the lower part of the larynx or the trachea, where the diagnosis is impossible.

The writer is of the opinion that diphtheritis is originally not a local affection, but a general disease. According to him, the essential part of the process is not confined to the epithelium, but to the mucous membrane itself, which appears bloated and swollen, now darkly injected, broken through by hemorrhages, then just the contrary, pallid, bloodless, and very brittle. Frequently, but not always, a necrotizing process is at work on the mucous membrane. But this necrosis is always preceded by a developing exuberant increase of the nuclei of the cystoid elements of the tissue of the mucous membrane, which the nearer to the surface the more considerable, and *vice versa*. Toward the surface, the structure almost entirely consists of a densely crowded mass of glistening, roundish, small, single nuclei, between which hardly any fibres of the mucous membrane can be distinguished. Toward the deeper-seated parts and on the border of such masses, it looks more lucid, the nuclei stand more step-like together, gradually less and less crowded, and more symmetrically arranged; it is perceptible that they are singly, or from one to six in number, enveloped in some protoplasm, the products of which, the writer declares for cystoid bodies, whose origin from connective tissue bodies cannot be recognized. This exuberant increase of nuclei and cystoid bodies of the connective tissue, and specially of that of the mucous membrane, the writer looks upon to be the essential and characteristic of the diphtheritic affection, and denominates it "diphtheritic infiltration." It is always present in the infected mucous membrane, but is also present in a great number of other mucous membranes not infected with diphtheritic plaques, a proof that diphtheritis is a general disease. It also shows, histologically considered, the greatest analogy with the infiltration of other infective diseases, for example, of general syphilis. The same is also to be found in the nerve sheaths of those nerves paralyzed by diphtheritis, and consequently to be considered in the cause of the different palsies.

From this general disease, characterized by the diphtheritic infiltration, the writer wants to part the local acute process connected with necrosis, which he had also considered as diphtheritis before the discovery of the diphtheritic infiltration. He proposes to call it "acute crastration (acute verschorfung)" or "acute tissue necrosis."

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### Good and Bad Teeth.

In one of the scientific almanacs of Great Britain for this year, we find the following article.

The best advice to those who wish to preserve a sound set of teeth to old age (a most important aid to general health) is that they should be carefully brushed and thoroughly cleaned *after* every meal, and particularly on going to bed at night—surely a far more reasonable practice than rising, when the mouth should be fresh and sweet in a healthy state, a luxury which we fancy is but seldom enjoyed by the smoking and grog drinking gentry of the present day.

Still, either for want of care, or perhaps sometimes in spite of care, toothache is to great numbers of people one of the most vexatious among the minor scourges of life, and no disease of a simple nature so completely mocks the efforts of the profession and the quacks, and baffles all their vaunted remedies and specifics. The art of dentistry has of late made an immense stride by the general introduction of nitrous oxide as an anæsthetic. That this will prove successful in

relieving the hitherto frightful pain of tooth extraction is, we believe, almost beyond a doubt, and there seems every reason to believe that it will prove a safe application as well as an effectual one. Extraction, however, is not an advisable course to pursue, except those which are, of course, better out than in, and it is often practised in cases which render it completely absurd. To our damp and variable climate is doubtless due much of the prevalent neuralgia of the country, and a cold in the face, to which some people are especially liable, is also to be traced to the same cause. The homœopathists, we believe, have had considerable success in the treatment of that form of the latter which is characterized by soreness and inflammation, by the administration of mercurius vivus, of course in dilution. Of this, however, we know but little, but we are confident of the value, in cases of every kind, of the following dose in two pills, at least, as preparatory to the cure:

| | | |
|---|---|---|
| ℞. | Pil. hydrarg., | gr. v. |
| | Pil. rhei co., | gr. v. |
| | Ext. belladonnæ, | gr. 1-8. |

In cases of colds in the face, the old fashioned application of a "pepper plaster" has almost invariably a soothing effect, though its success is unfortunately attended with but little profit to the druggist. It consists merely of a piece of brown paper almost as large as the cheek, soaked in vinegar, and well sprinkled with pepper, secured over the face during the night.

Neuralgia is to some extent independent of the teeth, though where these are perfect, its visits are not near so probable, nor so frequent. There are two forms of this wearying complaint, which are totally distinct, and yet which are frequently confounded. One, and this is we are convinced by far the most common, is the pain resulting from some trifling cause, or perhaps directly traceable to none, when the nervous system is in a state of more or less complete prostration, and when the manifestations of this debility are chiefly in the facial extremities. In cases of this kind *opium* and all its preparations should be most carefully avoided, and a purely tonic treatment is required. Quinine is not by any means the best tonic we possess, and in these cases is far inferior to iron—especially the sulphate. But in neuralgia proper—that is, in its intermittent form—quinine unquestionably ranks first, not, be it understood, from its tonic virtue, which is, as we have said, inferior to that of many other medicines, but from its special property as an anti-intermittent. In such cases as these, indeed, pure tonics—iron, for example—have little or no effect, while next to quinine, arsenic is perhaps the best remedy, and this has no tonic value whatever. One or two drops of Fowler's solution given alternately with one or two grains of quinine, at rather frequent intervals, is often very efficacious, though we need not say that the utmost care is necessary to guard against an overdose of such a poison as arsenic.

We have made these remarks because we regard the treatment of toothache and neuralgic affections as a tolerably fair portion of a druggist's practice at the counter. It is generally a most extensive portion, and we need hardly say that a man who can acquire the reputation of being able to cure the toothache is a man who must command esteem. The experience of an intelligent chemist will be sure to have led him to know much about these complaints, but it may be that the hints we have thrown out above may add an idea to some who wish to be as successful as possible even in their transgressions of etiquette, and while the writer deprecates most strongly the unauthorized assumption of general duties by those who have not dared, or at least, have not chosen to submit their abilities to a fair test, such as is prescribed by the law of the land, but have relied on their own natural "unerring instinct" in the treatment of all sorts of diseases, he is still slightly tempted to regard these minor complaints somewhat as the public does—viz., fairly in the province of the chemist and druggist.

In addition to the above remarks, we have been favored with the following, from a practical dentist of great experience, and, though his opinions somewhat conflict with our own in one or two instances, we gladly insert them for the sake of their presumptive value. First of all a very important point to remember is that the teeth should always be cleaned with warm or tepid water, or, better still, with cool tea, the tannin of which exerts its useful astringent properties on the gums. The *rationale* of this observation is that the enamel, being mechanically brittle and usually warm, the sudden application of cold water to this is very liable to cause it to crack—a condition which is very frequently met with.

Real cases of neuralgia are much more rare than is generally supposed. A disease which is frequently mistaken for it is what is technically known as *exostosis*—that is, a particular granular enlargement of the fangs. This state is usually met with about the spring and fall of the year, and is the occasion of the violent pains in the nerve-centres, shooting from the temples to the

neck, which are generally, like neuralgia proper, intermittent in their attack. Sound and decayed teeth are equally liable to this condition, and nothing but extraction or patience can be of any effectual aid in removing such a disorder.

Inflammation of the periosteum is one of the most general causes of toothache, and is a usual consequence of cold. The periosteum is the fine membrane covering the fangs of the teeth, is highly organized, and is, therefore, exceedingly sensitive. To abate this inflammation a small dose of mercurial pill, with not more than the eighth of a grain of extract of belladonna, should be given night and morning. Warm fomentations ought to be frequently applied, and every care taken to prevent the further influence of cold. In many cases a leech on the gum will will very readily relieve this form of toothache.

Speaking very exactly, toothache is an inflamed state of the central nerve of the tooth. As a rule, it may be considered impossible for this nerve, or the pulp of the tooth—that is, its main portion—to become affected in this manner until after the enamel has been partially or entirely removed. The best application in such cases is, after thoroughly cleansing the hollow with a small piece of cotton, and afterward disinfecting with creosote, to plug with a pellet of wool soaked in a saturated solution of gum benzoin and tannin in chloroform. The well known Bunter's Nervine appears to be something similar to this solution.

In the management of the teeth, too great prominence cannot be given to perfect cleanliness. All foreign particles should be carefully removed after meals by the use of a tooth-brush, or, where this is not sufficient, a tooth-pick, made of soft wood, is admissible; but those formed of metallic or other hard substances should be avoided. A saponaceous tooth-powder is the most serviceable, if any be employed. The dentist should be as conservative as possible; extraction is seldom necessary if he be skilled in his art; exostosis and abscess at the fang being, however, diseases which imperatively require this to be resorted to.

### Digitalis in Acute Rheumatism.

Digitalis has been employed in rheumatism by M. Hirtz and M. Oulmont. Both agree that under its use the pulse and temperature fall, the former more rapidly. Ten to fifteen grains of the powder in infusion were given every hour, till sickness or purging occurred. Attacks of acute rheumatism were ended usually on the twelfth or fifteenth day; sometimes on the fifth or sixth. Digitalis, these authors think, acts upon the febrile element, but not upon the rheumatismal element (whatever they may be). It is useless against relapses. In none of the cases treated did cardiac or other complications occur.

### Development of Red Blood-corpuscles in the Marrow.

Professor E. Neumann contributed an article on this subject, at the meeting of the Königsberg Medical Society, held October 13th, 1868.—(*Allegem. Med. Central-Zeitung*, No. 99, 1868.)

The change of colorless into colored blood corpuscles, as a normal process, has hitherto only been observed with certainty in the fœtal state; nucleated, colored cells there appear in the blood in the stage of transition.

With regard to the origin of red corpuscles after birth, we have little beside the statements of Kölliker, who found them in the stage of transition in the system, its veins, and in hepatic blood of new-born mammals; a few pathological cases are also recorded. Yet it requires no argument to prove that the formation of red corpuscles must continue after birth, in order to meet the wants of a growing body, to replace those consumed in vital processes, and not infrequently to supply the place of vast numbers lost by hæmorrhages. Neumann believes that his researches enable him to point out an organ in which the different steps of transition from white to red corpuscles take place throughout the whole of life, and he, therefore, regards it as the true seat of the development of red blood-corpuscles. This organ consists of the bones, and specially their marrow.

In that variety called "red marrow," we find as principal constituent small cells, which resemble lymph corpuscles, and are imbedded in a mucid intercellular substance; they are entangled in a reticulum, similar to that found in the spleen and lymphatic glands, and, according to different observers, they exhibit amœboid contractile movements, analogous to those of the white blood-corpuscles, in cold as well as warm blooded animals.

The capillaries of the red marrow are remarkable from their number and diameter. Within them a large quantity of colorless cells, and nucleated colored cells may be found. The latter are in abundance in youth, not so abundant in old age, but even in an individual 80 years old they were not found to be absent.

To explain the accumulation of the colorless corpuscles we have two possibilities; either they are thrown in by the arterial current, and there

accumulate because of the diminished rapidity of circulation in the wider capillaries, or they are marrow-cells which have immigrated into the vessels from the medullary tissue.

In support of the latter theory, we find that this accumulation is only to be observed in red marrow, and not in the yellow or fatty variety, thus pointing to the medullary tissue as the source of supply; furthermore, it is very probable that the marrow cells are continually being developed, and that their increase would finally lead to compression of the capillaries, if they did not pass into those vessels, and thus find a vent.

Prof. N., therefore, is of opinion that *during the whole life a continuous entrance of marrow-cells into the blood takes place, and that these immigrated cells change into colored cells in the capillaries of the marrow. This metamorphosis is completed within the bones, for we find only fully developed blood-cells in the venous blood of bones, as a rule.*

In conclusion, Prof. N. remarks, that the slowness of recovery from losses of blood in the case of the aged, and in very fat individuals, is probably due to a want of reparative material, because in them the red marrow of the bones is, to a great extent, displaced by fatty tissue; moreover, he calls attention to the probability that certain cases of anæmia are due to pathological conditions of the bones.

Those diminutive creatures, the blood-corpuscles, may yet accomplish a revolution in our imperfect science. The Germans are besieging them with a legion of microscopes, and it is to be hoped, will succeed in discovering something of practical importance. Any one who has practiced physic for a few years, will surely join in the prayer that the little light which appears to be faintly struggling from that direction, may not prove to be an *ignis fatuus*. A. A. H.

### Prevention of Scarlatina.

Dr. Edwin M. Snow, of Providence, R. I., has the following extremely judicious remarks in a late monthly report.

"The best authorities do not consider scarlatina to be contagious. It undoubtedly spreads through some epidemic influence independent of contagion. It is possible that under some extreme conditions of filth and want of ventilation, it may be infectious, and particularly when accompanied by putrid sore throat. There is no certain preventive known. Belladonna has had this reputation to some extent; but extensive experiments show that it cannot be relied upon. He who shall discover the real cause of scarlatina, and a certain preventive for it, will merit honor and reputation certainly equal to that of the discoverer of vaccination.

"There is a tendency among physicians, at the present time, to attribute many diseases to microscopic spores, or fungi, or animalculæ. There may be some reason for this, though when these are found in the blood and secretions, it is by no means certain whether they are the cause or the effect of the disease. However this may be, it is certain that *carbolic acid* will surely destroy all microscopic life, whether animal or vegetable. If, then, the cause of scarlatina is anything of this description, and there is some reason to think it may be, carbolic acid may be useful as a preventive. I have recommended it, and it has been used to some extent in this city, with *apparently* good results, in the disinfection of rooms where scarlatina exists, and in preventing the spread of the disease. But I am well aware of the universal tendency, in relation to these subjects, to jump at conclusions, and accept them as true upon entirely insufficient evidence. I would not, therefore, offer the experiments already tried as of any value as proof; but would recommend a trial of carbolic acid as a preventive of scarlatina, on account of its well known properties of destroying all microscopical, animal and vegetable life. It is not simply a deodorizer, but is an actual disinfectant, or destroyer of infection, and is the best disinfectant known for general use.

"The best, and only preparation of it for general practical use in the sick room, is the *carbolate of lime*, which is a dry powder of a bright pink color. Let this be kept exposed in the rooms where the children are sick, and in other rooms if desired, in small quantities, just sufficient to make the coal tar odor perceptible at all times. A more agreeable odor of the acid may be made by pouring the solution of the pure acid on dry slaked lime, but this would be much more expensive, and probably not as efficient.

"The carbolate of lime has been used in the same manner, quite extensively, to mitigate the severity of the spasms in hooping cough, and I think the evidence is sufficient to show that it has been found useful for this purpose."

### Chlorosis.

Dr. C. H. Bauer, in *Allgem. Wiener Med. Zeitung*, No. 33, 1868, recommends in the treatment of this disease, above all other remedies, the "saccharate of iron," prepared after the formula of Kral. He says that it is more easily assimilated, and does not derange the digestive

organs, as most of the other chalybeates do; the carbonate of iron would also be a very good form of administration if we could get it; but owing to the instability of the combination, we hardly ever get ferri. carb. when we prescribe the article sold under that name. A peculiar effect of the saccharate is its rapid production of animal heat; the previously cold hands and feet soon become warm, the lips and gums red, under its use. A. A. H.

### Retention of Urine.

Dr. J. H. Curtis, of Kansas City, Mo., relates the following singular case in the *Chicago Med. Examiner*.

Kate H., 14 years of age, lives near Wyandott, Kansas; brought to the office September 3, 1868; has pale, sallow complexion; tongue pale, flabby, and heavily coated; pulse regular, and not too rapid; abdomen but very little enlarged, and without tympanitis, and without tenderness or pain. But complains of some pain, with a curious feeling in head; has never menstruated; bowels regular, but without any desire to micturate. There is a very considerable increase of size about the pelvic region, with a spreading of the hips like a woman in the last stage of pregnancy, but without any evidence of dropsical effusion, either in the cavities or cellular tissues. Declares positively she has not voided a drop of urine for four weeks and four days; her statement is corroborated by her mother, who has been with her constantly, watching her closely when she would go out to stool, and asserts it has been absolutely impossible for her to have passed any urine without her knowing it; and for thirty-two days not one drop of water had passed from her as urine. Has been under treatment a number of weeks from three or four doctors in their neighborhood, but without any benefit; catheterism having been tried twice without any result.

I gave her immediately fl. ex. hydrangea, ʒiss., to be repeated every three hours, and to be followed in one and a-half hour with a powder of calomel, grs. xx., to be repeated at the same intervals after each dose of the hydrangea, until the bowels should be well moved. In fourteen hours after she had taken five doses of the fl. ex. and four powders, and before the bowels had moved, after suffering the most intense pain for an hour previous, she passed three and a-half quarts of very clear, colorless urine; the bowels were well moved in an hour or two afterwards, and in six hours she again voided four quarts more of the pellucid-looking water, by which she was entirely relieved. In two weeks complete convalescence was established, by the use of pil. hydrarg. every third night, and the use of nit. potass. and soda bicarb. solution every three hours during the day time.

### Ligature of the Carotid Artery, with Statistics of the Operation.

By Dr. A. Pilz. Translated from the German by Dr. M. Pflaum.

The writer knows in all, from private communications and from literature, 676 cases of ligature of the arteria carotis communis, of which he has the detail of about 586 (220 on account of hemorrhage, 86 on account of aneurism, 139 on account of tumors, 70 on occasion of extirpation of tumors, 34 for relief of nervous suffering, and 37 executed according to Brasdor Wardrop) 53-100 recovered, 43-100 died, the result unknown in 3-100. If the fatal cases attributable to incidental occurrences or complications be deducted, the number of deaths will be reduced to 38-100. The greatest mortality followed those ligations which were made on account of hemorrhage (41-100 recovered, 56-100 died) and those made after Brasdor Wardrop (31-100 recovered, 65-100 died) then follow those which were executed for the relief of aneurism and those involved in the extirpation of tumors (63-100 recovered, 35-100 died); the most favorable result followed those which were made for the relief of nervous suffering. Ligatures on account of hemorrhage caused by gun-shot wounds were followed by a mortality of 49-100; by wounds with weapons of war by a mortality of 74-100; by stab wounds of 62-100; by cut wounds, 44-100; by secondary hemorrhage, 53-100; by hemorrhages from tumors and from cauterization 65-100; by later hæmorrhages, 50-100. A consideration of the age of those operated upon, shows that the greatest number of convalescences occur between the age of twenty and thirty, and after this gradually decreases. The dropping off of the ligature took place mostly on the thirteenth and fourteenth day. Now and then occurred mistakes in the diagnosis, especially when the vertebral artery was diseased. In no case was the vagus taken up with the ligature, once the sympatheticus. The arteries had frequently to be religated on a deeper seated place, once even three times, simultaneously with the carotid; also other large vessels had to be ligated, viz., arteria anonym., subclav. vertebral, etc. Experiments performed on animals (especially by Porta) have elicited the innocuity of the closing up of one carotid artery; and also the numerous cases in which the carotis was obliterated, show that the closing up

of this vessel in man can very well be compensated with. From 520 cases of deligation of the carotis, of which the sequels are more accurately given, occurred in 165 (32-100) severe cerebral symptoms, of which 91 (56-100) died; 50 (8-100) were followed by paralysis and paresis: 38 (6-100) died in consequence of the operation; 30 times both the carotids were ligated.

From the preceding it is evident that the ligation of the carotis is a dangerous operation, and in consequence of it only recommendable in extreme cases. Before this is resolved upon, digital compression is to be tried. The cause of the cerebral symptoms is to be looked for in the arterial anæmia combined with venous hyperæmia, and the disturbance in the circulation of the tissues, produced by the forming of the collateral circulation. In consequence of this, before the operation is resolved upon, it needs always to be sure that the other carotis and the subclavian be intact. It is certain, that the deligation of the second carotis, if not too speedily followed upon the ligation of the first, is seldom attended with cerebral symptoms. In case of a stab wound behind the ear, a lesion of the vertebral artery is always to be suspected, and by compression of the carotis has to be ascertained the vascular district from which the hemorrhage originates. Altogether objectionable is the ligation of the carotis, when by this procedure the cutting off of the nourishing supply to a neoplasm is intended. In case of orbital aneurism, which often occurs spontaneously, especially in the female sex, can a cure be expected by the application of the ligature to the carotis, after unsuccessful digital compression. For the cure of idiopathic epilepsy, the ligation of the carotis ought never to be undertaken; compression is in these cases of at least temporary benefit. The ligation of the carotis on account of *tic douloureux* is not inadmissible according to the statistics of the operation in such cases, but theoretically injudicious and not recommendable. On the other hand is the Brasdor Wardrop method of great merit in cases of fully recognized aneurism of the arteria anonyma after an unsuccessful trial of Valsalva's method.

### Danger of Giving Strong Doses of Camphor.

A case illustrating the above has recently been brought under the notice of the Société de Médecine et de Pharmacie de Grenoble. An enema consisting of five grammes of camphor dissolved in the yolk of an egg, was given to a child three years of age, suffering from typhoid fever. Symptoms of poisoning at once manifested themselves; convulsions, lividity of the countenance, stupor arrest of the urinary secretion, etc. The employment of coffee sufficed to restore the child.

### Poisonous Dyes.

The following, from the pen of Mr. Wanklyn, Professor of Chemistry in the London Institution, is found in the *British Medical Journal*. The danger arising from wearing next the skin articles of clothing impregnated with poisonous dyes is a much graver matter, in comparison with which all the risks run by persons who dye their hair sink into insignificance. The brilliantly colored socks, flannel shirts, etc., which are now so very common, are a source of danger; for the risk of absorption of poison from a shirt is in itself much greater than the risk of absorption of poison from the hair of the head, and the wearing of colored shirts is an infinitely commoner thing than the use of hair-dye is ever likely to become.

The coal-tar dyes, to which we are indebted for the brilliant colors of the garments in question, are poisonous. Magenta, the well-known red dye—which is, moreover, the basis of beautiful violets and blues, that are prepared from it by well-known processes—is of arsenical origin. All the magenta made at the present time, and, with a very insignificant exception, all the magenta which has ever been manufactured, is a product of the action of arsenic acid on commercial aniline. At first, and, indeed, even when the manufacture had become largely developed, the dye was sent into the market in a highly arsenical condition. In 1863 I examined beautiful crystals of magenta, samples of the dye produced by a very large continental firm, and found them to contain something like twenty-five per cent. of arsenic acid. Many tons of solid dye, such as that which I analyzed, found their way into the market. At the present time, it is unlikely that much magenta of this quality is manufactured; but it is in the highest degree improbable that any magenta is quite free from arsenic, and more than probable that some of the varieties which are manufactured contain a very considerable quantity. In fine, we are justified in regarding fabrics which are dyed with magenta as having been more or less impregnated with arsenic. On the other hand, it will be urged that there can be no absorption of arsenic from a fabric dyed with magenta, inasmuch as the arsenic is chemically combined with the dye-stuff, which, with the fibre colored by it, constitutes an insoluble compound, and is, therefore, out of the reach of the process of absorption. Unfortunately, however, magenta fades, and is fugitive; it is, in fact,

one of the least permanent of all the coal-tar colors; and, as the organic part of the dye decays, the arsenic will be set at liberty, and presented in a form most suitable for absorption. In addition to the possibility of arsenical poisoning from the employment of coal-tar colors, there are other varieties of poisoning to be apprehended. The organic part of these new dyes is unquestionably more or less poisonous. One of the yellow dyes, in particular, is said to be an irritant of a most formidable character. On this subject, and with the object of opening the eyes of the public, I cannot, perhaps, do better than quote what has been said by a manufacturer when reproached with the poisonous nature of his dyes: "They are not more poisonous than arsenic." As a set-off against the fact that the dyes are powerfully poisonous, must be placed the equally certain fact, that the quantity of dye-stuff taken up by a shirt is very small. Whilst deprecating any degree of public excitement on this subject, I would urge the necessity of having the whole subject investigated. Possibly the result of investigation may be, that the risk of sock and shirt-poisoning is small, something like the risk of railway-travelling; possibly, however, the reverse; and possibly we may have to abandon the use of the coal-tar dyes for the coloring of such articles of clothing as are to be worn in immediate contact with the skin.

# Reviews and Book Notices.

## NOTES ON BOOKS.

It is a fact worthy of note that the new year has so far, brought but one new medical periodical to our table—an evidence, we doubt not, of the stringency of the times. The periodical is the "*Clinico-Pathological Reporter.*" Phœbus! what a name! But then the—place?—town?—city?—Jefferson, Texas—that sends it forth, rejoices in the possession of newspapers with such euphonious titles as "*The Jimplecute*" and "*The Jefferson Kuklux!!*"—so that on the whole we will not complain. The *Reporter* is a single folio sheet and contains medical reports, chiefly, so far, of local importance. We are glad to observe in it the announcement of the formation of a medical society. This, and the publication of the paper, are both indications of progress. We heartily wish both success.

Hance, Grifith & Co., of this city, send us a neat little pocket manual entitled "*Physicians' Medical Compend and Pharmaceutical Formulæ.*" It is compiled by Edward H. Hance. It contains Preparations and Formulas, a list of the materia medica, a classified list of medicines, poisons and antidotes, and other tables of value.

T. S. Arthur, Son & Co., of this city, send us the January, February and March numbers of a very elegant addition to their list of serial publications. "*Once a Month*" is neat typographically, neat in form and neat in contents. It is made up of articles both original and selected, the original very original, and the selected very select. "While the lightness of a mere story-magazine will be avoided, the editors will as carefully avoid the heaviness of political, financial and polemic discussion. Fresh, racy, instructive, curious, progressive and imaginative articles will only be published." *Once a Month* is a 16mo of 96 pages, double columns; $2 a year in advance, $1.50 when taken with the Reporter.

Dr. Moorman is preparing a second edition of his work on Mineral Springs. It will appear in a month or two, and will have a number of additions and improvements.

**A History of the Medical Department of the University of Pennsylvania, from its foundation in 1765. With Sketches of the Lives of Deceased Professors. By Joseph Carson, M. D., Professor of Materia Medica and Pharmacy in the University of Pennsylvania, Member of the American Philosophical Society, etc. Philadelphia: Lindsay & Blakiston, 1869. Pp. 257. *Price*, $3.00.**

Many besides the alumni of the Medical Department of the University of Pennsylvania will welcome this book. It is an elaboration of Prof. Carson's Centenary address in 1865, delivered at the request of the Faculty as the opening address of the course that year. The book is of great interest and value, and is worthy of an extended circulation, and will, without doubt, find it among the numerous graduates of the old University. We are sorry there are no embellishments in the work, pictures of the old university buildings, which will undoubtedly soon yield to the march of time, and portraits of some, at least, of the more prominent men in the history of the institution.

### A New York Advertisement.

"If you want a really unsophisticated family pill, buy Dr. ———'s Liver-Encouraging, Kidney-Persuading Silent Perambulator, 27 in a box. This pill is as mild as a pet lamb, and as searching as a small-tooth comb. It don't go fooling about, but attends strictly to business, and is as certain as an alarum clock."

Medical and Surgical Reporter.

PHILADELPHIA, FEBRUARY 20, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

## DUTIES ON DRUGS.

The following petition to Congress, to remove the duty from *foreign crude drugs*, is a move in the right direction, and ought to receive the cordial support of the entire profession. We perceive it is signed by many of the leading practitioners and professors in Washington City, and, we understand, has been favorably received, but owing to a great pressure of other matters, however, it is uncertain whether it passes both Houses of Congress the present session. It has, we understand, the support of the head of the Treasury Department, Mr. McCulloch, and Mr. D. A. Wells, Assistant Commissioner of Internal Revenue.

It was brought before the House, and on January 22, 1869, was referred to the Committee on Finance, and ordered to be printed. It is dated Jan. 10, 1869, and reads:

| *Article.* | *Present Duty.* |
|---|---|
| Peruvian, Lima, Calisaya, and all other cinchona barks | 40 per cent. |
| Rhubarb | 50 cts. per lb. |
| Aloes | 6 cts. per lb. |
| Jalap | 50 cts. per lb. |
| Sarsaparilla | 20 per cent. |
| Senna | 20 per cent. |
| Squills | 12 cts. per lb. |
| Ipecacuanha | 50 cts. per lb. |
| Gum guaicum | 20 per cent. |
| Camphor | 50 cts. per lb. |
| Assafœtida | 20 per cent. |
| Cantharides | 50 cts. per lb. |
| Gamboge | 10 cts. per lb. |
| Myrrh | 20 per cent. |
| Hyoscyamus | 20 per cent. |
| Conium (leaves) | 20 per cent. |
| Buchu (leaves) | 40 per cent. |
| Cubebs | 10 cts. per lb. |
| Colocynth | 40 per cent. |
| Belladonna (leaves) | 40 per cent. |

It is not proposed, nor is it desirable, that the duty on the foreign preparations of the above drugs should be removed, such as solid and fluid extracts, tinctures, pills, etc., as it is believed this would only serve to stimulate still more their adulteration by foreign dealers and manufacturers, and thus render it still more difficult than at present to obtain genuine drugs and medicines.

It is endorsed fully and strongly by Surgeon-General J. K. Barnes, U. S. A., and Surgeon P. J. Horwitz, Chief of Bureau of Medicine and Surgery, U. S. N. We sincerely add our best wishes to this meritorious petition.

## THE MEDICAL LAW IN OHIO.

Our correspondent in Tuscarawas, Ohio, Dr. Oppelt, sends us the following copy of the law regulating the practice of medicine in Ohio.

"*Section* 1. Be it enacted by the General Assembly of the State of Ohio, that it shall be unlawful for any person within the limits of said state, who has not attended two full courses of instructions, and graduated at some school of medicine, either of the United States or some foreign country, or who cannot produce a certificate of qualification from some state or county medical society, and is not a person of good moral character, to practice medicine in any of its departments for reward or compensation, or attempt to practice medicine, or prescribe medicine or medines, for reward or compensation, for any sick person within the said state of Ohio; provided, that in all cases when any person has been continuously engaged in the practice of medicine for a period of ten years or more, he shall be considered to have complied with the provisions of this act, and that where persons have been in continuous practice of medicine for five years or more, they shall be allowed two years to comply with such provisions.

"*Section* 2*d*. Any person living in the state of Ohio, or any person coming into said state, who shall practice medicine, or attempt to practice medicine in any of its departments, or perform or attempt to perform any surgical operations upon any person within the limits of said state, in violation of section 1 of this act, shall, upon conviction thereof, be fined not less than fifty nor more than one hundred dollars for such offence, and upon conviction for a second violation of this act, shall, in addition to the above fine, be imprisoned in the county jail in the county in which said offence shall have been committed for the term of thirty days, and in no case wherein this act shall have been violated, shall any person so violating receive a compensation for services rendered, provided that nothing herein contained

shall in any way be construed to apply to any person practising dentistry.

"*Section 3d.* This act shall take effect and be in force, on and after the first day of October, of 1868."

Our correspondent justly remarks that this act is deficient in several respects. It allows a man who has practised medicine ten years without any certificate of ability, to continue his business, no matter how unfit. "I know a man," says Dr. O., "who has practised ten years, that was attending a woman in labor, whose pains began to decrease in force, become frightened, and take his pocket knife and thrust into the child's cranium just above the eye; and while he was getting a steelyard hook to hook it out the pains increased and the hook was not needed. He made the parents believe that the child could never have been born if he had not used the knife. The child is several years old, but blind in one eye."

Such a case is a conspicuous example of the astounding ignorance and brutality of some men calling themselves doctors.

### A MEDICAL MUSEUM AND LIBRARY.

We are glad to notice a movement on the part of the Philadelphia County Medical Society, to found a Museum and Library. The idea was suggested in the address of the President, Dr. W. L. Knight, and at the regular meeting on the 10th inst., the following Committee was, on motion of Dr. Atkinson, appointed to take the subject into consideration: Drs. D. Francis Condie, John Bell, St. Clair Ash, A. H. Fish, and H. Lenox Hodge. We trust that the matter will not be allowed to rest by the Committee, but that it will take practical shape, and that speedily. We would suggest a sub-committee visiting New York, and witnessing the workings of the Mott Memorial Library, and the Medical Journal Association.

### Recent French Researches.

Among the most important awards of the Academy of France this year are a sum of £20 each to Dr. Legros D'Antressor, for his "Recherches sur le Traitement des Affections Scrofulaires et Tuberculeuses, et Spécialement de la Phthisie Ganglionnaire Bronchique;" to Dr. J. Besnier, for his "Recherches sur la Nosographie et le Traitement du Choléra Epidémique, considéré dans ses Formes et ses Accidents Secondaires;" to MM. Prevost and Cottard, for their "Etudes Physiologiques et Pathologiques sur le Ramolissement Cérébral;" to Dr. Larcher, for his "Pathologie de la Protuberance Annulaire."

# Notes and Comments.

## THERAPEUTICAL BULLETIN.*

Compiled by Geo. H. Napheys, M. D.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc., etc.

The selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form.

We will commence by giving some

*Anodynes Employed against Neuralgia.*

Brown-Séquard.

| | | |
|---|---|---|
| R. | Extracti belladonnæ, | gr. 1-6 |
| | " stramonii, | gr. 1-5 |
| | " cannabis indicæ, | gr. 1-4 |
| | " aconiti, | gr. 1-3 |
| | " opii, | gr. 1-2 |
| | " hyoscyami, | gr. 3-4 |
| | " conii, | gr. j. |

Glycyrrhizæ pulvis, q. s.
For one pill.

According to circumstances, Brown-Séquard gives, without producing any great disturbance, three, four, and even five pills in a day, and, sometimes, in about eight or ten hours, for the relief of neuralgic or other pains. There must be, therefore, some influence exerted by some of these substances upon the others, diminishing their bad, and not their good effects.

Prof. S. D. Gross.

| | | |
|---|---|---|
| R. | Quinæ sulphatis, | gr. ij. |
| | Morphiæ sulphatis, | gr. 1-20 |
| | Strychniæ, | gr. 1-30 |
| | Acidi arseniosi, | gr. 1-20 |
| | Extracti aconiti, | gr. 1-2 |

For one pill.

To be taken three or four times a day. Add two grains of sulphate of iron, if the system be anemic. This pill is useful in a great variety of cases of neuralgia. Its effects should, of course, be carefully watched.

* Entered according to Act of Congress, in the year 1869, by Geo. H. Napheys, M. D, in the Clerk's office of the District Court for the Eastern District of Pennsylvania.

N. B. This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

Dr. J. M. Da Costa.

℞ Potassii bromidi, gr. xx.
Succi conii, ♏ xxx.
Aquæ cinnamomi, f.℥ ij.
For one dose.

To be taken three times a day. Useful in epileptiform neuralgia.

*Hypodermic Injection.*—Brown-Séquard.

℞ Morphiæ sulphatis, gr. 1-2—2-3
Atropiæ sulphatis, gr. 1-25

For one injection, in gtt. xxx. of distilled water. The doses Brown-Séquard at first employed were ½ gr. of the sulphate of morphia to 1-60 gr. of the sulphate of atropia. He now employs those given above, the antagonistic effects of morphia and atropia on the brain rendering it possible, while securing the good effect against pain of the two remedies, to use safely, or at least without great or lasting cerebral or cardiac disturbance, large doses of these narcotics.

Tilt states that the initial hypodermic dose of morphia (used alone) for a woman should not exceed ⅛ gr. (the acetate is the salt he prefers); and that of atropia should not exceed 1-100 gr. In combination, ⅛ gr. sulphate of morphia with 1-30 gr. of sulphate of atropia.

Ruppaner gives the minimum dose of morphia as gr. ⅛, the maximum, gr. ¾; the minimum dose of sulphate of atropia, gr. 1-60, the maximum, gr. 1-30.

Hunter's (Dr. Chas., of London,) rule is never to use in the first injection more than one-half the stomachic dose for males, and not more than a third for females.

*Ointment.*—Dr. J. M. Da Costa.

℞ Aconitiæ, gr. 1-4—j.
Veratriæ, gr. xv.
Glycerinæ, f. ℥ij.
Cerati adipis, ℥vj. M.

To be rubbed in over the painful part, care being taken to see that there is no abrasion of the skin.

Prof. Gross sometimes employs veratria ointment in cases of neuralgia, of the strength of ℥j. to ℥j.

*Ointment.*—Dr. Edw. John Tilt.

℞ Atropiæ sulphatis, gr. ij.
vel
Morphiæ sulphatis, gr. x.
Glycerinæ, f.℥ss.
Olei neroli, gtt. iv.
Ung. glycerinæ, ℥j. M.

To be rubbed into the skin twice a day.

*Liniment.*—Tilt.

℞ Atropiæ sulphatis, gr. iv.
Morphiæ sulphatis, gr. viij.
Olei rosæ, gtt. ij.
Alcohol, f.℥ss.
Olei olivæ, ad. f.℥iv. M.

To be shaken before used.

Oil is better than glycerine as a constituent of liniments. It is to be observed in writing for the above prescriptions, that sulphate of atropia is an expensive drug, but it is much more elegant than the extract of belladonna in an ointment or liniment.

*Rectal Suppository.*—Tilt.

℞ Extracti opii, gr. j.
" belladonnæ, gr. 1-2

For one suppository.

To be made round, coated with cocoa butter, and well introduced into the bowel with the finger at night. Either the opium or the belladonna may be replaced by ext. of hyoscyamus, gr. iij. or ij.

[To be continued.]

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### Rheumatism.

Subacute and chronic rheumatism is most happily influenced by the following combination:

℞ Potass. iod., ℥ij.
Vin. colch. rad., f.℥ij.
Tinc. guaiac ammoniat., f.℥iij.
Ext. belladonnæ, gr. iij.
Aquæ cinnam., f.℥iij. M.

Sig. A tablespoonful in water ter die.

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### The Brooklyn Central Dispensary.

We are glad to learn that this worthy charity is doing a good work among the poor, but regret to hear that it is in great need of funds to carry on its beneficent operations in dispensing medicines to the poor. Its work is done quietly and noiselessly, and therefore does not attract much public attention. It is charity thus dispensed that is recorded in heaven. "Let not thy left hand know what thy right hand doeth." Every dollar given to this Institution pays the giver double. The Trustees and Physicians connected with the Dispensary give their time and labor free of charge, and the least citizens can do is to supply the means for purchasing medicines. Much of the present prosperity and usefulness of the institution is due to the untiring energy and perseverance of Dr. J. J. Caldwell.

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### Singular Accident.

On January 17th, Mr. Harrison Treibley, residing in Pottsville, Pennsylvania, awoke about one o'clock with a choking sensation, and it was discovered that a silver dental plate, about two inches in diameter, with two teeth attached, had passed into his throat. He was unable to speak, and every effort caused the plate to descend still further. During the day and night his sufferings were intense, but the next day it had passed into his stomach. His

sufferings were thereby much lessened, although still severe. Toward the latter part of the week his sufferings increased, with spitting and vomiting of blood. This continued until Sunday morning, January 24th, when death ensued.

A *post mortem* examination was made on Monday by Dr. John T. Carpentee, assisted by Drs. James S. Carpenter and Charles T. Palmer. Considerable quantities of suffused blood were found in the stomach, but, singular as it may seem, no trace of the plate or teeth could be found, either in the stomach or intestines. The only conclusion which could be drawn from this was, that it must have passed through and been voided with the excrements from his body; yet the statements of the family are that these were carefully examined, without finding any parts of the same.

# Correspondence.

## DOMESTIC.

### Attempted Suicide with Opium.

Editors Med. and Surg. Reporter:

As accidental or intentional poisoning with opium is becoming quite frequent all over the country, and the results of treatment seem to vary, I have thought it would not be improper to report a case that recently occurred in our town.

About 5 o'clock, P. M., Feb. 6th, H. B., a stout muscular young man, aged about 26 years, of intemperate habits, after a drunken bout of a week's duration, took f.ʒij. of the tincture of opium, for the purpose, as he stated, of "putting an end to a weary life." He immediately made known to the persons present what he had done, but refused all efforts for his relief. At 6 P. M., he complained of feeling drowsy and sick, and requested the proprietor of the saloon in which he was to assist him out on the sidewalk to the open air, which was done, and Dr. C W. Jenner sent for, who soon arrived, and administered an emetic which failed to act. The Doctor then attempted to use the stomach pump, but failed, as the man was now working in convulsions. He then gave him strong coffee, with ext. belladonna in divided doses, until five grains were given. At half-past seven P. M., the doctor's efforts seeming to be of no avail, as manifested by the patient having fallen into a state of profound coma; his case was pronounced hopeless, and he was given over to the cold charities of the world, and allowed to remain another hour on the street, as no one would so much as give him shelter, the unfortunate man being homeless and friendless. Finally a few members of the Relief fire company kindly took him up and conveyed him to their engine house located near my office. At this time, half-past eight P. M., three hours and a half after the laudanum was taken, I was called to see him. I found his condition that of complete narcotism. Pupils contracted, eyes fixed and totally insensible. Respiration slow, irregular and stertorous. Pulse almost imperceptible and irregular. Skin cold, muscular system relaxed. Deglutition impossible. Not being able to procure any atropia, I administered fluid extract of belladonna subcutaneously at short intervals until f.ʒij. were used. At 11 P.M., no effect of the belladonna was indicated by the pupil. Respiration had almost ceased, but was kept up artificially. At half-past eleven, one grain of atropia was placed far back on the tongue by Dr. Jenner. At half-past twelve A. M., a slight dilatation of the pupil was perceptible, and at 1 A. M., he was dragged about the room, cold water dashed in his face, and at 2 A. M., he showed some signs of consciousness; and at 4 A. M., was convalescent, but was kept moving almost constantly for two hours longer, as he immediately sunk into a complete state of coma, if left to himself. His recovery, with simple treatment, was complete. The result of this case seems to prove that belladonna will neutralize the effect of opium,—and *vice versa*—and should be made known to the profession,—lest some timid one, influenced by the opinion of Harley and others, "that opium and belladonna, administered either combined or separately, intensify each others action;" should allow some valuable life to be sacrificed, and an individual lost to society and friends.

P. B. Young, M. D.

*Crestline, Ohio, Feb. 10th*, 1869.

### Poisoning by Aconite.

Editors Medical and Surgical Reporter:

Allow me, through your highly creditable journal, to bring before the profession a case of poisoning from tr. aconiti rad., which may prove of service hereafter, a similar case occurring.

Mr R , a medical student, intending to take a dose of tr. rhei, for constipation, took through mistake, a swallow of tr. aconite rad. and immediately sat down and ate a hearty dinner, feeling none of its effects. Soon, however, epigastric uneasiness began to manifest itself, and a sense of tingling and numbness extending more or less over the whole body, which occasioned him some alarm and caused him to examine the contents of the bottle from which he had taken his

draught when, to his horror, it was clearly manifest that he had taken the above-mentioned poison to the amount of three or four hundred drops.

Dr. Cameron, of Huntington, P. Q., Dominion of Canada, whom I was called to assist, arrived about four hours after the poison had been introduced, the patient, in the mean time, attempting to produce vomiting, but not using sufficiently active emetics, in a great measure failed, and after racing around in the house in terror and confusion till exhausted, threw himself upon a bed, commanding his assistants to use friction and keep it up till medical assistance was obtained.

Dr. Cameron, who arrived some time before myself, informed me that on his arrival no pulse was perceptible, and only a faint cardiac pulsation could be obtained through the means of the stethoscope.

Upon my arrival the condition of the patient was as follows: pulse 84, small, jerking and somewhat irregular, intense burning sensation in the mouth, fauces, œsophagus and stomach. Yet very little tendency to vomiting; also symptoms of severe nervous disturbance, such as violent headache, giddiness, tingling and prickling, resembling the effects of opium; numbness, sensibility impaired, loss of muscular action, alternate contraction and dilatation of the pupil, and in short general nervous prostration with great tendency to sleep. Spasmodic movements resembling convulsions were also quite common, and from three to five well marked convulsions were manifest; consciousness being retained, however, principally throughout the whole action of the medicine, some few hallucinations manifesting themselves, such as imagining his head was three times its original size, etc.

In the treatment of the case it was decided that nearly all of the poison had entered the circulation and that stimulation afforded the best chance for recovery. Brandy was therefore given in tablespoonful doses every fifteen or twenty minutes, which the patient bore splendidly; camphor sol. and brandy freely applied to the surface by friction, the bowels moved by enema, mustard pastes over the epigastrium. After diligently and carefully carrying out the above treatment for ten or twelve hours, we had the pleasure of pronouncing our patient out of danger.

No doubt, in my mind, but the brandy freely given, and the prevention of sleep till the effects of the poison had worn off, saved the man's life.

J. P. Morrison, M. D.

*Chateaugay, Franklin co., N. Y.*

### Bromide of Potassium in Asthma.

Editors Medical and Surgical Reporter:

In your issue of January 23d, I notice an extract taken from the *American Journal of Obstetrics*, written by Dr. B. F. Dawson, Lecturer on Uterine Pathology in the Medical Department of the University of New York, where he had made use of bromide of potassium in a case of *laryngismus stridulus*, and of its happy effects. Having a case of obstinate asthma on hand just at that time, (which was somewhat of a periodical character, attacking my patient every evening, however at no precise hour,) I determined at once trying the potassium in this case. I prepared a solution of five grains to the teaspoonful of water, directing that quantity to be taken hourly, commencing at 3 P. M., until five doses were taken. The first evening the severity of the attack was much mitigated, the second still more, and the third evening the attack was missed altogether. The medicine was, however, continued a few nights afterwards, and my patient is now in comparatively good health.

P. H. Pennsyl, M.D.

*Bloody Run, Pa., Feb.* 8th, 1869.

---

### Vertical Dislocation of the Patella.

Editors Med. and Surg. Reporter:

In the Reporter for December 19th is an account of a case of vertical dislocation of the patella, by Dr. Samuel Rittenhouse. I had a similar case about three months since. A colored cavalry soldier while riding his horse came in violent collision with another mounted man. He dismounted and finding that he was unable to walk, was carried by some comrades to his tent, and I was sent for. Upon examination I found his left leg extended and all motion of the knee-joint prevented by the patella, which was tilted upon its outer edge, the anterior surface looking outward. The patient was suffering severe pain in the joint.

I immediately brought him under the influence of chloroform and flexing the thigh upon the pelvis, I grasped the patella in my right hand, and the ankle with my left. Then at the same moment I flexed the leg upon the thigh with my left hand and tilted the patella over to its place with the right.

The reduction was accomplished very easily, the bone coming to its place with a loud snap. An hour after, the man was walking around without pain or inconvenience, and continued to perform all his military duties as usual.

George M. Sternberg, M. D.,
Ass't. Surg. and Brev't. Maj., U. S. A.
*Camp Supply, Ind. Ter., Jan'y* 18*th*, 1869.

# News and Miscellany.

### The Good Physician.

The *Western Journal of Medicine* we believe it is that reproduces this item from Fuller's "*Holy and Profane State.*"

"The Good Physician hansels not his new experiments on the bodies of his patients, letting loose mad *recipes* into the sick man's body, to try how they and nature will fight it out, while he stands by and enjoys the battle—except in desperate cases, when death must be expelled by death. Lest his apothecary should oversee, he oversees his apothecary. He trusteth not the single witness of the water, if better testimony may be had. The reasons drawn from the urine alone are as brittle as the urinal. He brings not news, with a false spy, that the coast is clear, till death surprises the sick man. I know physicians love to make the best of their patient's estate; first, say they, it is improper that *adjutores vitæ* should be *nuncii mortis;* secondly, none, with their good will, will tell bad news; thirdly, their fee may be the worse for it; fourthly, it is confessing their art beaten; fifthly, it will poison their patient's heart with grief. So far well; but they may so order it, that the party may be informed wisely, and not ousted of this world before he is provided for another."

### The Insane.

Mrs. Leonard, an insane woman, confined in jail at Flint, Michigan, set her clothes on fire on Friday night and was burned to death.

*St. Louis, Feb.* 7.—A man named Hoeter, living on the outskirts of Hannibal, Mo., murdered his daughter, aged 10 years, yesterday, by strangling her with a strap. He then cut her body in two, tore out her heart and cut it open, and swallowed the blood. He was arrested, and when questioned, proved to be insane.

### Chairing a Woman Doctor and a Prima Donna!

The Medico-Chirurgical Academy at St. Petersburg conferred, at its recent annual conference, the degree of M. D. upon Mme. Kaschewarow, the first female candidate for this honor who had presented herself before them. When her name was mentioned by the Dean, it was received with an immense storm of applause, which lasted for several minutes. The ceremony of investing her with the insignia of her dignity being over, her fellow-students and new colleagues lifted her upon a chair, and carried her with triumphant shouts through the hall. At this moment, Mme. Lucca, the prima donna, was espied among the audience; and such was the students' fickleness, that the lady doctor had to yield her elevated seat to the popular singer. The latter not only remained in undisputed possession of the extemporized throne, but was carried upon it to her carriage, while the new doctor had to find what comfort she could in her diploma!

### Rejection of Drugs.

The Examiner of Drugs in New York reports the following rejection of drugs for want of strength and purity:

| | |
|---|---|
| Centaury minor, | 1 bale. |
| Bark, Peruvian, | 235 bales. |
| Leaves, Buchu, | 1 bale. |
| " Poppy, | 1 " |
| " Senna, | 9 bales. |
| Root, Ipecac., | 5 packages. |
| " Jalap, | 33 " |
| " Lereistica, | 1 " |
| " Liquorice, | 22 bales. |
| " Rhapontica, | 1 bale. |

*Not Admissible by Law.*

| | |
|---|---|
| Root, Rhubarb, E. I., | 58 cases. |
| " " French, | 1 case. |
| " " English, | 1 " |
| " Sarsaparilla, | 140 cases. |
| " Valerian, | 3 " |
| Sugar of milk, | 2 " impure and damaged. |

### A "Political Doctor."

One of the physicians of Burlington, Vermont, driving into town on election morning was met by a friend who hailed him with the question, "Have you voted?" "Not yet," replied the doctor; "but I have been out all night after a voter. I got him safe, too." "When will he vote?" "O, about twenty one years from now."

—— It is announced in Italy, that Professor Semmola has presented the project of an official Italian Pharmacopœia to the committee entrusted with the care of drawing up a new sanitary code. It can scarcely be imagined how a civilized country, where medicine is in so advanced and flourishing a condition, can dispense with such an essential requirement.

—— Dr. Elijah D. Harmon, of Bennington, Vt., died at Chicago on the 3d inst. He was born in Bennington on the 20th of August, 1782, and was, consequently, in his eighty-seventh year at the time of his demise. At the age of twenty-four, in 1806, he went to Bennington, Vt., and engaged in the practice of medicine, and he was an Assistant Surgeon in McDonough's fleet at the battle of Plattsburg.

—— A new effect of the administration of chloroform was pointed out by M. Hurteloup at a recent meeeting of the Chirurgical Society of Paris. A woman who had been chloroformised was seized, on awakening, by a fit of sneezing, which lasted continuously during a quarter of an hour. M. Hurteloup believes that in cases of autoplastic operations on the face, this may constitute an inconvenience, on account of the difficulty of maintaining the sutures of the autoplastic flaps.

—— Dr. Stevenson Macadam, Lecturer on Chemistry, Surgeon's Hall, Edinburgh, has made arrangements to take his students to the principal chemical manufactories for practical illustrations of his lecture. He lately accompanied his class to the Armiston coal-field and the water-collecting district in the Pentland Hills.

—— A compiler of the statistics of social life in Paris has calculated that the number of children in the highest ranks of the aristocracy of Paris (to every family) is only two, while in the bourgeoisie every family has on an average five children, and the proportion of children in the lowest classes of society is still greater.

# Army and Navy News.

### Navy News.

List of changes, etc., in the Medical Corps of the Navy during the week ending February 13th, 1869.

Passsed Assistant-Surgeon H. M. Rundlett, resigned.

Passed Assistant-Surgeon E. B. Bingham, ordered to the Naval Hospital, Philadelphia.

Passed Assistant-Surgeon James N. Hyde, detached from the Naval Hospital, Washington, and placed on waiting orders.

Assistant-Surgeon Abel T. Price, detached from the Receiving ship Potomac, Philadelphia, and ordered to the Naval Hospital, Washington, D. C.

Assistant-Surgeon H. J. Babin, ordered to the Receiving ship Potomac, Philadelphia.

Surgeon J. H. Tinkham, detached from the U. S. S. Canandaigua, and placed on waiting orders.

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

### MARRIED.

Boyce—Keline.—Jan. 14, at the residence of the bride's mother, Bolivar, Ohio, by Rev. A. R. Smith, Dr. S. F. Berger, formerly of Wellsville, Ohio, and Miss Lucinda Keline.

Champion—Jones.—On the 2d inst., at the residence of the bride's father, by the Rev. Mr. Burt, Dr. C. S. Champion and Miss Rachel C., daughter of Thomas B. Jones, Esq., all of Woodstown, N. J.

Gilman—Richman.—At the house of the bride's father, Feb. 4, by Rev. E. Green, Uriah Gilman, M. D., and Miss Kesiah Richman, the former of Woodstown, and the latter of Richmanville, N. J.

Jordan—Hazlet.—On Thursday evening, Feb. 4, by the Rev. W. T. Sabine, W. C. Jordan, M. D., and Mary A. Hazlet, all of this city.

Mealy—McCarroll.—Jan. 27th, at the residence of Mr. Hugh McCarroll, by Rev. L. Grier, assisted by Rev. John M. Mealy, George N. Mealy, M. D., of Tyler co., and Miss Mary M. McCarroll, of Ohio co., W. Va.

Stevens—Reese.—On the 23th of January, 1869, by Friends' ceremony, at the residence of the bride's uncle, Vanleer Eacker, in Radnor, Delaware co., Pa., Thad. M. Stevens, M. D., of Indianapolis, Ind., and Lizzie F., daughter of George Reese, of Harford co., Md.

### DIED.

Schaforth.—Dr. Ernest Schaforth, a German physician of South Bethlehem, Pa., was killed by falling into an open cellar on Wednesday night, Feb. 10th.

### WORDS OF CHEER.

Dr. J. C. P., of Illinois, says:

"It seems to me I have derived more information from the July number of the Compendium (No. 2) than from any book of the size I have ever read."

### ANSWERS TO CORRESPONDENTS.

*Drs. M. & T., of Texas.*—Remittance all right, and Meigs' address sent.

*Dr. T. J. G., of Ind.*—We do not commute with the *Phrenological Journal*, but can order it for you from the publishers at full price.

*Dr. E., of Ills.*—We prefer Bethel's obstetric forceps, but probably each physician has his own pet.

*Dr. J. R., of Pa.*—We are not able to obtain a copy of the certificate of membership of the Society to which you allude. It does not, so far as we know, issue such.

*Dr. J. G. W., of Pa.*—"Who has published the best work on the Inhalation of Medicines?" Dr. J. Solis Cohen, in this country.

"What is the best treatment for prurigo senilis after exhausting all ordinary remedies, both local and constitutional?" Send your patient to a mineral spring. More than that we do not know.

*Dr. F. A. S, of Mo.*—An æsthesiometer is an instrument to indicate the least distance at which two points can be distinguished on the surface of the body, and hence it measures sensation.

### METEOROLOGY.

| February, | 1, | 2, | 3, | 4, | 5, | 6, | 7. |
|---|---|---|---|---|---|---|---|
| Wind | N. W. | N. E. | N. E. | N. W. | W. | N. W. | N, |
| Weather | Clear. | Cl'dy. | Cl'dy. Rain. | Cl'dy. Snow & r'n. | Cl'dy. Snow. | Clear | Clear |
| Depth Rain | | | t. & l. 1 in. | 1-10 | | | |
| *Thermometer.* | | | | | | | |
| Minimum | 17° | 15° | 27° | 29° | 11° | 12° | 21° |
| At 8, A. M | 28 | 27 | 40 | 39 | 26 | 33 | 33 |
| At 12, M | 34 | 33 | 42 | 34 | 27 | 45 | 38 |
| At 3, P. M | 32 | 33 | 42 | 34 | 28 | 40 | 39 |
| Mean | 27.75 | 27. | 37.75 | 34. | 23. | 32.50 | 32.75 |
| *Barometer.* | | | | | | | |
| At 12, M | 30.2 | 30.3 | 29.3 | 29. | 29.5 | 30. | 30.2 |

*Germantown, Pa.* B. J. Leedom.

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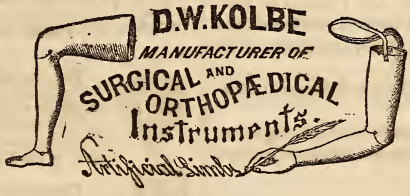


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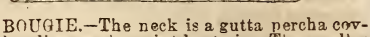

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THE

# MEDICAL AND SURGICAL REPORTER.

No. 626] PHILADELPHIA, FEB. 27, 1869. [Vol. XX.—No. 9.

## Original Department.

## Communications.

### SURGICAL REMINISCENCES OF AN OLD PRACTITIONER.

By John G. F. Holston, A.M., M.D.,

Late Surgeon U. S. A., and Brevet Lieutenant-Colonel.

#### 1. Severe Injuries of the Head.

"—— The times have been,
That when the brains were out, the man would die."

Considering the delicacy and importance of the organs contained within the cranium, it is surprising how much injury can be borne, not only without immediate loss of life, but apparently without serious detriment. Some years ago, I published, in the *Western Lancet* of Cincinnati, a series of very extensive trephining for epilepsy, all of whom recovered not only from the operation, but also of the disease. One of the cases, in whom several square inches of the inferior-posterior portion of the parietal, and portions of the adjacent bones were removed by saw and chisel, was found, two hours afterward, not only out of bed, but sitting on the verandah of the house, smoking his pipe. He recovered without ever taking his bed.

While serving as Medical Director of the Department of the Tennessee, under Gen. Grant, during the second battle of Corinth, a Confederate soldier was brought to the field hospital, having lost, by a piece of shell, apparently the whole os frontis, with both eyes and the upper part of the nose. The meninges were broken, the frontal lobes lacerated, begrimed with blood and dirt, and already containing (in that region it only required an hour or two) some maggots. After this terrible wound was washed and dressed, the man was able, with a guide, to walk, spoke rationally, and complained of no pain, but could not be restrained from pulling the bandage down and delving with his fingers in the brain, to stop the itching, pieces of brain adhering to them. In this awful condition he lived forty-eight hours, and so distressing was his state, not to himself, but to his surgical and nursing attendants, that by several parties I was importuned to have a ten-grain dose of morphia administered, to end the distress. This, of course, was refused. During the second night he became quiet, apparently went into a sound sleep, and died without a struggle toward morning.

While stationed at Grand Gulf, Miss., as Medical Director for the rear of the Army of Occupation at Vicksburg, I had the wounded of the battle of Thompson's Hill (Port Gibson) removed from Mrs. Daniel's residence, that had temporarily been employed as a hospital, to Grand Gulf, where I had established a large hospital, that for location and surrounding, could not have been surpassed in the world, for salubrity and pleasantness. The sick and wounded were distributed in tents and shanties on a rising ground facing the Mississippi, in a noble park of magnolias, pomegranates, and other splendid trees. My foragers brought in abundance of beef, mutton, etc., and the scarcity of medicines and proper stimulants was hardly felt.

Among the wounded was a young man, æt. 23, who had received an ounce Minie-ball into the centre of the forehead, cutting a round hole almost an inch in diameter, through which bloody pus mingled with brain matter was discharging freely. Several days having elapsed since the battle, lively maggots could be seen in the wound. The ball had lodged inside the cranium, but produced no bulging anywhere, by which its location could be ascertained. The pupils were widely dilated, the breathing stertorous, skin warm and moist, pulse very slow, but rather full; apparently in a profound sleep. What treatment had been pursued could not be ascertained, probably none.

The case seemed perfectly hopeless, but I determined to make a trial. He was placed alone in an army tent, upon the side to which he carried his hand (the only motion he made). The wound, after being thoroughly cleansed, was covered with a muslin rag dipped in water, and maintained in a wet condition by a bottle of water suspended over his head, into which a long string of muslin had been inserted to the bottom,

the other end hanging down about two feet, thus forming a syphon that maintained a constant, gentle drip, and he was bled to the amount of a pint. I was provided with plenty of excellent nurses, impromptu, manufactured out of black girls from neighboring plantations, who, in a few days, under the excellent supervision of the lady of Sergeant Major, were made quite efficient, the more so, as possessing real kindness of heart; they had none of that delicacy which sometimes made our noble white nurses shrink from loathsome and disgusting jobs. Four of these were detailed to watch him night and day, brush away the flies, and see that no maggots formed under the cloth. No medicine. Food—beef tea and milk alternately; drink—water, all of which he swallowed, though with some difficulty, when poured into his mouth. The bleeding was several times repeated in less quantity, and with the drip, constituted the treatment. Under this treatment, in a few days he recovered entire consciousness, regained speech, at first hesitatingly and slowly, dictated letters to his friends at home, received with profit the ministrations of the worthy chaplain, and seemed on a fair way to recovery. In three weeks from the injury the wound had almost closed, when, as the nurse reports, at night he made a sudden turn in his sleep, gave a start, and was dead—the ball having, no doubt, become suddenly dislodged, compressed a vital part. There was no opportunity for a post-mortem.

These cases, both terminating fatally, are given merely as introductory to the following, from my private practice, which, as being rather worse than the famous crowbar case, I have never before published, fearing that it might be deemed utterly incredible.

**Extensive Fracture of the Os Frontis, Laceration of the Brain—Operation—Recovery.**

Mrs. McManus, the subject of this case, at the time of the accident was a hale woman, about thirty years of age, remarkably good-looking, but somewhat masculine, and of very strong temper, in consequence of which she had separated from her huband. I was called to see the case in consultation with Dr. N., then of the village of New Concord, in this county, in the neighborhood of which she resided. I had previously heard of the accident, but nine days had elapsed before I was called. Dr. Joseph M. Morehead—now practising in Norwich, near the same place, but at that time my pupil, accompanied me, and rendered most valuable assistance. We found the patient in a small log house, filled with curious people, a crowd also attending outside, the attending physician meeting us at the door, I inquired, "What have you got, Doctor? Is her skull broken?" "O no! it may be fractured a little." I entered the door, saw the lady extended upon her bed, and glancing at her forehead, saw a piece of white bone one-half inch long, sticking out of a wound in the scalp. I was informed that nine days previous, while riding a half-broken stallion colt, she had been thrown from the saddle, but hung by the stirrup, and in that position dragged about a mile, a bystander averring that he had seen the horse kick her eleven times in the face. The last kick broke the stirrup, and flung her about a rod upon the jagged end of the stump of a tree—the county being new. Since the injury she had lain motionless, giving no sign of life, except low breathing, and had taken no sustenance, except a little water occasionally, that rather ran down her throat than was swallowed. As every body had been afraid to touch her, it was unknown whether she had had any evacuations. I found the urine had passed into the bed, but no alvine discharge. The pulse was feeble, slow and regular. The injury was confined to the head. Across the occiput there was a lacerated wound of the scalp down to the bone, some five inches in length, made by the splinters of the stump. The forehead presented a number of small wounds, through one of which the fragment of bone protruded. To the touch, the left side of the forehead, from the eye-brow to near the coronal suture and the temporal region, felt like a bag full of pot-sherds, the right side of the os frontis was entire, but very moveable in one solid piece. Pus exuded from the wounds. Clearly in that condition she could not live, she would not probably under any circumstances. But to give her a chance, the injury must be reduced to a simpler form, so as to enable nature to make repairs. I decided to operate.

As a preliminary step, the curiosity seekers were turned out, except one old Irish lady, who was desired to stay—to hand things—but what was gained in space was lost in light—the crowd gathering round the only window, the air being beside darkened by a snow storm. During the operation, frequent interruptions occurred from persons coming in for hats, coats, saddles, etc., as they said they could stand it no longer to look on. Flakes of snow were repeatedly blown in on the naked and wounded brain of the sufferer on those occasions, till Dr. Morehead came to my relief, seizing a catlin and swearing a bitter oath (the Doctor did sometimes say his prayers backward) that he would eviscerate the first

fellow that would meddle; this was effectual (Dr. N. had left.) The entire scalp was shaved and washed, and then an incision made across the forehead about one and a half inches above the eye-brows and the scalp turned up and down and the injury exposed. At this stage, a branch of the temporal artery on each side required ligature. Fragment after fragment of entirely detached bone was picked away—at last *the entire orbital ridge, with the orbital plate.* The left frontal lobe of the brain, now lay before us in a bruised and lacerated condition, full of small fragments of bone. These were carefully picked out, when using the left index as a sound I came across a larger piece, which was seized by the forceps and drawn out. To our astonishment, here was a second impression of the eye, and it took a few seconds to realize the unheard of fact, that it was the *os malæ*, knocked loose by the repeated kicks of the horse and driven into the brain. Our task was not yet done. The ragged hole from whence the last piece had been extracted, being explored with the finger, numberless small fragments were felt sticking about. Finding it impossible to pick them out, and concluding a clean cut to be better than a lacerated wound, I drew the scalpel across what remained of the anterior lobe, and made a clean perpendicular section. Another scale of bone was now extracted from near the commissure of the optic nerves. As yet the woman had neither moved nor made a noise. The os frontis was not fairly split in the middle, but on the right moveable half, there was a triangular projection. This, as well as the whole piece, was firmly driven down upon the right frontal lobe, and as often as I raised it, it sprung back. Taking Hay's saw, an incision was therefore made a little to the right of the centre of the os frontis, and the section completed by cutting forceps. This terminated the operation that had lasted over an hour. But little blood was lost. After washing the parts clean, I now asked the old lady present for some pins to form a twisted suture, but got the reply: "Arrah and yes need not ca' for pins now, after so butchering the poor woman!" "Tell me where they are, and I will get them myself. Now think of the surprise of all present, when Mrs. McManus, speaking for the first time since the receipt of the injury, told me the precise place where the pins would be found. I got them, and closed the wounds of the occiput and sinciput, leaving a little space near the left temporal side for the discharges, on which side she was turned. She rapidly recovered, without a bad symptom, preserved all her intellect as well as the sight of both eyes, but underwent a remarkable moral change. She became amiable and sweet tempered, religiously disposed, was reconciled to her husband, joined church, and in not much over a year, gave birth to her first child. By a skilful arrangement of her hair and the use of a frilled cap and green spectacles, she contrived nearly to hide the terrible deformity of the left side, and on the right (and that is the side on which Doctors should always approach a lady) is still quite good-looking. The pulsations of the brain could always afterwards be seen and felt. Thirty years nearly have elapsed since the case occurred, and I believe she is still alive, in the same place, as well as Dr. Morehead and scores of witnesses to the facts.

P. S. The left eye is nearly an inch lower than the right.

## INJURY OF THE PALATE, RESULTING IN CARIES.

By F. Horner, Jr., M. D.,
Of Philadelphia, Pa.

J. N., æt. 35, late a soldier, and a native of a healthy and rural district, received the blow of a musket during the war over the vomer of the nose, which was fractured. The injury extended to adjacent structures. One year afterward, the hard palate, which is bounded in front and at the sides by the alveolar arches, presented a slit or hole communicating with the nasal cavity. The base of this orifice was below, and the apex above. The edges were smooth, and covered with pus,—the product of ulceration of the soft tissues and of caries of the bone. This condition interfered with deglutition, and the food would escape into the nose. The voice was altered, because the sound was, in part, reflected through the aperture of the wound into the nasal passages. The hearing was impaired by the extension of inflammation from the mucous lining of the inferior turbinated bone to the eustachian tube, whenever the patient was exposed to cold. To add to his sufferings, the fluids from the ulcer, which were the offensive products of caries, would pass sometimes into the windpipe, and cause the most unpleasant sensations.

In deciding upon the exact pathology of this case, some would suspect the existence of inoculation of syphilitic virus, or the scrofulous diathesis. He had never had bubo, nor could nodes of the joints be detected. His ancestors had lived to advanced ages, and his parents were equally

favored. Hence the inference to refer the symptoms as the result of injury of the blow of the musket, causing a serious wound of the most delicate tissues. An effort was made to restore the general health, by the continued use of cod-liver oil, wine of iron, and other tonic medicines, and suitable diet. The ulcer was cleansed by injections of tepid water, mucilages, sulphate of zinc, or carbolic acid. Under this method of treatment, at the end of six weeks his improvement justified a resort to the application of an obturator, which was fitted to the cavity of the mouth by a skilful dentist; who, also, supplied several teeth which had been lost. The whole appliance was kept "in *situ*" by atmospheric pressure, and attachments to the molars on either side.

Ferguson (Practical Surgery) says: "Until a very recent date, no attempt has been made by the surgeon to close the gap in the palate, excepting by means of an obturator, which has always been supplied by the dentist."

My patient seemed delighted to discover, after the obturator had been worn for several days, that his voice was restored to its usual tone, and he was able to swallow his food without any admixture with the fœtid products of ulceration. In the event of the non-closure of the wound, the radical cure by the operation of excision and the use of sutures of silver wire, will be recommended.

# Medical Societies.

## PHILADELPHIA COUNTY MEDICAL SOCIETY.

A conversational meeting of the Society was held at the Hall of the College of Physicians on Wednesday evening, February 10th, 1869, the President, Dr. Wm. L. Knight, in the chair. The subject for discussion was

### Hypodermic Injections.

Dr. Michael O'Hara in his opening remarks stated that there had been little written upon this subject, and that mainly scattered through various journals. Dr. Antoine Ruppaner, Fellow of the Massachusetts Medical Society, has published a treatise entitled "Hypodermic Injections in the Treatment of Neuralgia, Rheumatism, Gout, and other Diseases." In the Transactions of the Medical Society of the State of Pennsylvania for 1867, there appears a translation of the Prize Essay of Jean Baptiste Ullersperger, of Munich, on "Ancient Transfusion and Infusion Compared with Modern Transfusion, Infusion, and Hypodermic or Subcutaneous Injections."

The hypodermic method dates from Alexander Wood, of Edinburgh, in 1843, according to Hartshorne, in 1853, according to Ullersperger.* The practice has now become quite common in Europe and this country, and there are many records of cases scattered through the journals.

What advantages does it possess over ordinary modes of medication? Though it has come into pretty general use, there are still many physicians who have not employed it, and who do not possess a hypodermic syringe. There is abundant evidence that the hypodermic injection of medicines is ordinarily safe, and, in the proper cases, attended with relief. It is more speedy and certain in proportion to the amount of the drug than medication by the mouth. It meets the indications in these cases in which a prompt and energetic effect is desired. The Doctor related a case of bilious colic, where the person had taken a large dose of morphia by the stomach with no effect, but who was relieved in a few moments by the injection of a solution of morphia.

When it is desired to exert a prompt effect peripherally upon the nervous distributions, sensitive or motory, as in neuralgias, spasms or convulsions, hypodermic injections are called for. As it is also when the administration of medicine by the mouth is prohibited or impossible. While in the army, the Doctor treated a whole mess attacked with symptoms of cholera morbus, vomiting, purging and cramps, which they attributed to the eating of chickens supposed to have been poisoned. Some were relieved by sinapisms, but two rejected everything, and were in imminent danger. To one who was so ill that he vomited even a teaspoonful of water, as much as two grains of morphia were administered before he was relieved, and fears were entertained that symptoms of narcotic poisoning would ensue. At that time the Doctor had not used the hypodermic syringe, but he has often thought since that it would have enabled him to afford relief in a few seconds, without any risk of opium poi-

* In regard to the history of this method of therapeutics, Brown-Séquard states in a recent work, that the first paper of Dr. Wood was published in April, 1855, in "*The Edinburgh Medical & Surgical Quarterly Journal*," p. 265: but his discovery had been made in 1843, *i. e.*, long before this publication, and the method soon became generally known in Edinburgh. His second paper appeared in "*The British Medical Journal*" for August, 1858, p. 721.—G. H. N.

soning. Where there is so much pain, indicating such a disturbance of the organism, morphia introduced into the stomach will be likely to remain unabsorbed, and do injury afterward if not vomited or purged off. It has been thought that in many cases of cholera treated by the opium plan, the patients have died of the opium they had taken, when getting a little better, of the discharges. Medicines given hypodermically sooner show their effects, absorption generally taking place subcutaneously at all times, while from the digestive tract it is not so constant, being readily interfered with by opposing circumstances. Therefore in the former mode of administration the quantity to be given is readily limited by the effects, which is not the case in the latter. Hypodermic injections afford both a local and a remote effect. They give the physician entire control of both the medicine and the patient, as for instance in the case of a refractory child, a person bent upon committing suicide, etc. etc. They are unequalled for the relief of pain. The hypodermic syringe and solutions for injection, should be carried by every physician, as in his round of visits he will constantly meet with cases calling for their use. He will find his patients desiring this method of medication, for the pain of the operation is trifling and but little complained of.

Hypodermic injections have been used locally as caustics; in nævi, in aneurisms, etc.; as anodynes, for local neuralgias; and generally for insomnia, melancholia, mania, delirium tremens, hysteria, chorea, central neuralgia, rheumatism, tetanus, hydrophobia, retention of urine, colic, convulsions, epilepsy, peritonitis, pericarditis, dysentery, ophthalmic surgery, malarial fever, gangrene, dysmenorrhœa, cholera, seasickness, cancer, ulcer of the stomach, intussusception, syphilis; as antidotes for belladonna and opium poisoning; and for modifying anæsthetics. They have therefore had an extensive range of application. It is impossible to refer in detail to these numerous applications, but a few will be spoken of.

In insomnia, where pain or increased sensibility has produced loss of sleep, injections of morphia are useful. Ledesdorf recommends the use of a solution of hydro-chlorate of papaverina (6 grs. to 60 gtt. of water.) He states it to be a narcotic and soporific, relaxing muscles and also the bowels slightly. Its effects are manifest in three minutes, and continue from twenty-four to forty-eight hours, with no bad after effects.

Lorent and Hunter recommend morphia subcutaneously in all cases of melancholia in which opium is admissible. Erlenmeyer has recorded good effects in furious mania from atropia, especially when complicated with epilepsy.

In delirium tremens, numerous cases of success have been reported at various times from the hypodermic injection of morphia.

In hysteria the hypodermic syringe is of service. Dr. O'Hara related a case of hysteria which he had lately seen, in which the heart was much disturbed. He secured immediate relief by one dose of the solution of morphia thrown under the skin.

But it is in neuroses of the sensitive nerves that this treatment has its greatest triumphs, seldom disappointing us in procuring relief, and often curing the patient. Some of the cases of signal success recorded, would not be believed were they not vouched for by truthful physicians. Dr. Ruppaner, in his work before alluded to, mentions many such cases. Dr. O'Hara would advise every one who has an atrocious case of neuralgia to try the hypodermic method of treatment. His experience with it has been chiefly in neuralgias. A lady of poor constitution and intemperate habits had suffered from sciatica for six months, during which time she had not placed her foot on the ground to walk, but supported that side with a crutch. In the hands of two physicians, she had taken all the anti-neuralgic remedies seriatim. The Doctor tried fly blisters. She was getting worse, the muscles were contracting, and it was feared that there was going to be some organic derangement of the nerve. At that time he did not possess a hypodermic syringe, but he obtained one for her and used 15 gtt. of Magendie's solution of morphia about the hip. In five minutes after receiving the injection she walked across the floor. She required four applications after that. The recovery was perfect and she remains well. In another patient with infra-orbital neuralgia of two weeks standing, two injections only were required. His wife during pregnancy, suffered with an atrocious frontal, temporal and infra-maxillary neuralgia for two weeks. She was instantly cured by one injection. Nothing else was done, and there was no return. Four other cases were cured by one application and remained well. In a case of rheumatic neuralgia, in which the patient had been in bed for five weeks, these applications restored him to health. So prompt and efficacious is the effect of the syringe, that patients consider it as a charm. One old fellow seeing him graduating the syringe to the required dose, and his lips moving in numbering the minims, asked him what words

he put into the syringe to produce the charm. Another patient with neuralgia depending upon disease of the kidney, eventuating in albuminuria, came regularly every week, bent up, and in agony to get his dose. He would be relieved for a week. Another case of occipital neuralgia was cured by one injection after ten years suffering, and there has been no complaint since. Dr. O'Hara regrets that in neuralgia he has so often given medicines internally, without first trying the syringe.

Dr. Korman recommends the use of morphia hypodermically in the pains and after pains of labor, especially in primipara. It does not interfere with the progress of labor. This method of treatment should not be forgotten in dysmenorrhœa.

In chorea, Levick and Hunter have made injections of morphia with perfect success, carbonate of iron being given at the same time. Radcliff strongly recommends the use of arsenic hypodermically in such cases.

Lorent states that the injection of 1-25 to 1-20 of a grain of atropia perfectly calms the arthralgia of acute rheumatism for from six to ten hours. Ruppaner mentions both acute and chronic cases of rheumatism benefited. Dr. DaCosta (Penn'a Hospital Reports for 1868) reports two instances of the successful use of the hypodermic injection of sulphate of atropia in cases of muscular rheumatism. One, a girl of nineteen, had been suffering for six weeks with general rheumatism. On admission she was treated with Dover's powder and iodide of potassium. Soon after, marked torticollis was noticed. Friction and ordinary remedies were of no avail. Three injections of 1-50 grain of sulphate of atropia on successive days perfectly relieved her, all distortion disappearing. They were afterward used on the painful joints, with no beneficial result, but a complete recovery ensued by persisting in constitutional treatment. The second case was one of lumbago in a sailor, forty years of age. Diaphoretics, opiates, and friction were used without effect. Less than 1-40 grain of sulphate of atropia in solution was injected near the affected part. In about fifteen minutes the man became giddy, throat very dry, and pupils dilated. This state alarmed him, but when it passed off, the pain and rigidity of the muscles were gone, nor did they return, though he went on a voyage in which he was exposed to bad weather. These two cases would seem to confirm the idea that atropia has the effect of diminishing pain topically.

Tetanus, it is stated, has been cured by atropia and woorara, as well as by morphia administered hypodermically. Brown-Séquard succeeded in curing a case of epilepsy by injections of $\frac{1}{4}$ grain of morphia and 1-60 grain of atropia.

In eclampsia after parturition, Hermann reports a cure by the hypodermic injection of morphia.

All injections for diseases of the respiratory organs have for their object the relief of symptomatic troubles—as in the great pain of pleurisy and pleuro-pneumonia. Dr. O'Hara has used the solution of morphia subcutaneously in a patient in the last stages of consumption, especially for the relief of the terrible dyspnœa and cough, and to procure sleep. Also, combined with quinine, to check the night sweats. This patient had sent for him only three weeks prior to his death. After trying morphia in the ordinary way, it was used during the last two weeks hypodermically, with great satisfaction to himself and family, though they were opposed to it at first. The first injection was followed by seven hours' sleep, which he had not had for months. It did not seem to interfere with his bowels. The cough and dyspnœa were arrested in ten minutes after receiving the injection. We should not refuse our patients this comfort. Dr. Ruppaner, in describing a case of general neuralgia resulting from carcinomatous disease, says, "I relied upon hypodermic injection to relieve the pain, which soon proved the only means by which to give ease and comfort to my patient. * * * For about five months the injection was daily administered, sometimes oftener. In no instance have I seen it produce greater or more gratifying results. Days and nights of suffering were changed into hours of comfort and ease. If the injection was omitted, the distress was great. Although a cure was out of the question, yet the satisfaction my patient felt, when punctually at 8 P. M., I made my appearance, impressed itself strongly upon my mind. The evening she died, but a few minutes before my arrival, she is reported to have remarked, 'In a few minutes the doctor will be here, and the injection will make me comfortable and easy.' Hardly had she whispered these words, when the clock struck eight. I entered the room; she took my hand, clasped it firmly, thanked me for my services, and was no more. A good and noble woman had departed this life. I had the satisfaction to have eased her hours of suffering."

In two cases of cancer of the stomach, Dr. O'Hara has succeeded in giving great relief from the agonizing pain and vomiting, by hypodermic medication; and in many cases food has been retained upon the stomach after their use.

Dr. Thenfelder states that in dislocations of the humerus, elbow, and femur, the necessary degree of relaxation is more certainly and readily obtained by morphia hypodermically than by chloroform, and it has the advantage of producing little or no loss of consciousness.

In intermittent fever, Chasseaud at Smyrna practised hypodermic injections in one hundred and fifty cases, only one of which relapsed. Many cases of success have also been reported in this country. Quite recently Dr. O'Hara heard of a case of typhoid fever to appearance almost hopeless. Dr. Hewson advised, in consultation, injections of quinia as a tonic, with rapid amelioration of the symptoms. Recovery was attributed to the injections by the attending physician.

In paralysis, strychnia has been used successfully by many physicians. Dr. Echeverria advises its employment subcutaneously in infantile paralysis. In lead palsy, hypodermic injections have been recommended.

Dr. Elsberg highly advocates their employment in syphilitic diseases. The advantages claimed are the rapidity with which the symptoms disappear, the certainty of success, and the rarity of any relapse.

In regard to the antagonism between morphia and atropia, different results have been arrived at by different observers. Dr. Bell first proposed the injection of morphia as an antidote to belladonna. Graefe quite recently ascertained that morphia was the most certain and prompt antidote for intoxication by atropia. Others report divers cures. According to Beschier, four parts of atropia will neutralize one of morphia. Dr. Th. R. Varick, of New Jersey, succeeded in curing poisoning from morphia by the injection of extract of belladonna. In a case reported by Dr. B. Wilson, in which narcosis ensued upon the injection of a quarter grain of morphia, though he had used the same dose the day before, he successfully employed two doses of atropia, 1-30 grain each. On the other hand, Dr. Harley, in the Gulstonian lectures, declares as the result of his experiments upon man, the horse, and the dog, that morphia intensifies and prolongs for at least five hours the operation of atropia, and a quantity of atropia too small by itself to produce cerebral effects, will become active when combined with morphia. In the painful case of poisoning by atropia, given by mistake, in this city recently, morphia was of no service, though freely injected hypodermically.

The Medical Society of Versailles stated, in committee of the whole, that the anæsthesia from chloroform was prolonged for twelve hours by three centigrammes of acetate of morphia, although Eulenburg found that injections of morphia, when made from two to twelve hours after the chloroformization, most effective in removing this intoxication.

In regard to the disadvantages attendant upon hypodermic medication, cases of death have been reported from the injection of one drop of nitric acid into a nevus. Mr. Teale, of Leeds, also reports the same result from the injection into a nevus of a per-salt of iron. Great nausea and vomiting sometimes follow the use of the syringe with morphia, as do also local inflammation and abscess. The latter, however, are due to carelessness on the part of the operator. To obviate the vomiting, a minimum dose of morphia should be used at first, and the idiosyncrasy of patients with regard to opium watched. Aitken does not seem to favor this mode of medication. He says the action of hypodermic injections is so irregular, and the sources of danger so many, that their use can scarcely be commended. This had not been the experience of Dr. O'Hara.

Dr. Ash inquired whether the employment of the hypodermic syringe for medicinal purposes had any tendency to induce its use for purposes of pleasure. In "The Probe," there is an account of a man who introduced morphia into his system in this manner daily, to produce a pleasurable state of excitement.

Dr. Atkinson thought that the taste for opium eating, in the case referred to, must have been acquired before he resorted to that mode of bringing about the desired effects.

Dr. Cohen stated that an apothecary had told him of a lawyer of some prominence in this city, who had become subject to the habit of injecting morphia into his limbs. He continued the practice for two years, and it was with great difficulty he could be broken of it. In the case related in "The Probe," there was some peculiar pleasure in the mechanical execution of the act, apart from the effect.

Dr. O'Hara had seen no cases of the abuse of the syringe in this manner. Patients upon whom he used it never rebelled against its re-employment, as the pain of the operation was very slight.

Dr. Ash stated that year before last he had used morphia hypodermically in the case of a lady who had terrible attacks of neuralgia. It was impossible for her to take opium in any form by the mouth, as it induced violent sickness. But the morphia thrown under the skin did not sicken her at all; it brought her perfect relief and sleep for some hours afterward.

Dr. Barr spoke of a case which he had lately seen, of severe gastric pain in a young girl. A hypodermic injection of morphia procured relief after the failure of anodynes administered in the usual way.

Dr. Prall instanced a case of the beneficial employment of subcutaneous medication in asthma. The patient was a matron in an army hospital, and suffered from severe asthmatic seizures. An injection of a quarter grain of morphia in her arm, entirely relieved her in a few seconds. She would remain comfortable for twenty-four hours. All attempts to afford her relief in other ways failed. The asthma was caused by cardiac disease, and she died ultimately of resulting dropsy.

## CHENANGO CO. (N. Y.) MED. SOCIETY.

The annual meeting of the Chenango County Medical Society met at the Court House in Norwich, Jan. 12th, 1869. The meeting was called to order by the President, J. T. Jameson. The minutes of the last meeting were read by the Secretary, and approved by the Society.

The President called informally upon the members for a report on the sanitary condition of their respective localities, and the remainder of the day was occupied with such reports till the adjournment.

*Evening Session.*

The Obituary Committee reported the following resolutions:

*Whereas*, God, in his Providence, since the last meeting of this Society, has removed from our midst, by death, one of our number, Dr. Thomas J. Bailey, who died Sept. 4th, 1868; and

*Whereas*, In his death, this Society has lost a faithful and efficient member, whom all held in high respect and esteem, and whose social virtues and many excellent traits of character gave promise of a life of future usefulness; therefore,

*Resolved*, That while we are not insensible to his weaknesses and errors, this Society deeply laments the death of Dr. Bailey, taken from us in the strength of manhood and in the vigor of his days; and, covering his faults with the mantle of charity; will ever sacredly cherish his memory.

*Resolved*, That we tender to the friends and relatives of the deceased, and especially to the afflicted family, who have parted with a kind and affectionate husband and father, our unfeigned sympathy in this truly afflicting dispensation, and trust the load of sorrow may be lightened by the fond remembrances of the past, and the hope of a brighter future beyond the grave.

*Resolved*, That a copy of these resolutions be furnished the widow and family of the deceased, as a slight evidence of the esteem entertained by the surviving members for a fallen brother, and that the same be published with the proceedings and recorded in the journal of the Society.

One of the most entertaining features of the meeting, and perhaps the most instructive part of the proceedings, embracing as it did a wide range of thought and observation, was the annual address of the retiring President, Dr. J. T. Jameson, of Otselic. The subject of the address was, "Nature and Time in the Cure of Disease," and was a review in part of Parton's article on the same subject, published in the *Atlantic Monthly* of a recent date.

The address was highly commended by Dr. Beecher in a few appropriate remarks, the attention of the Society being especially called to the recommendations contained in the concluding portions; and moved a vote of thanks to the President, for his learned and able paper.

On motion, Drs. Avery, Beecher, and Mitchell were appointed a Committee on the President's Address.

The Society adjourned to meet at McDonough on the second Tuesday of June next.

S. M. Hand, *Sec'y.*

## THE RHODE ISLAND MEDICAL SOCIETY.

The regular semi-annual meeting of the Rhode Island Medical Society was held in the rooms of the Franklin Society, on North Main street, at 10 o'clock, A. M., December 16th, the President, Dr. J. W. C. Ely, in the chair.

The report of the Censors was read, and on their recommendation, Drs. Lorenzo Traver, and Charles O'Leary, of Providence, and Amos R. Collins, of Westerly, were admitted fellows of the Society.

The President appointed the following named gentlemen delegates to various State Medical Societies: Drs. Wiggin and Newell, for New Hampshire; Drs. Brown, Snow, and Morton, for Vermont; Drs. Parsons, Caswell, and King, for Massachusetts; Drs. Browning, and Brownell, for Connecticut; Drs. Fabyan, Mauran, and Eldridge, for New York. Dr. H. G. Miller, of Providence, was elected orator for the next semi-annual meeting.

Dr. King, of Newport, read an ancient physician's prescription, which was recently found among some old papers in that place. It was quite a lengthy and curious document, in the light of modern science, and caused great amusement.

Dr. Howard W. King, the orator appointed for the occasion, at one o'clock, read an essay on

"Modern Improvements in Medicine," in which he alluded to chloroform, allopathy, homœopathy, carbolic acid, bromide of potassium, and hypermedication, as subjects worthy of discussion given him by others, and then gave his own choice of subject as veterinary medicine, on which he read an able dissertation.

On motion of Dr. Dunn, a vote of thanks was passed to Dr. King for his able essay.

Dr. Ely, the President, then invited the Society to dine with him at the Aldrich House immediately after the adjournment, and there being no other business before them, the Society then adjourned.

# Editorial Department.

## Periscope.

### Venesection for the Arrest of Hemorrhage.

Dr. C. C. F. Gay, of Buffalo, N. Y., in a recent article in the *Am. Jour. of Med. Sciences*, speaks of venesection not as a new but as a neglected means of arresting hemorrhage.

"It is my purpose to do what I can to rescue this powerful agent from unmerited neglect; to show wherein it may be made available in certain cases of unavoidable hemorrhage, and to recommend its employment; for if the methods recommended by Simpson and Barnes be inoperative, as I think it demonstrable that they are, then it must be confessed that we are not in possession of adequate means, in all cases, for the arrest of uterine hemorrhage.

If we must make public this confession of professional weakness, then no amount of popular prejudice should consign an agent to utter neglect which gives any promise of usefulness where the emergency was great and the remedies few. Unfortunately for my advocacy of venesection, I am able to bring forward only a single case in which it was employed, and this cannot be considered a test case, inasmuch as it was one of placenta prævia lateralis and not of central implantation, the danger, as every one knows, being much more imminent in the latter than the former.

"*Case* 1. In March, 1852, I was called to a case of labor which proved to be one of lateral presentation of the placenta. The patient was robust and plethoric, aged 27, a mother of two children; former labors normal and easy. I found this woman sitting nearly in the upright position in a high seat, prepared for the purpose; she claimed it as her right to maintain this position; her pains were regular, but not vigorous; she had lost considerable blood during her pains, which commenced two hours previous to my visit. On examination, found os pretty well dilated, and placenta presenting left laterally; gave ergot, and waited until I ascertained that at each pain the blood spirted freely from the uterus. This case of labor occurred at a time when blood-letting was used almost indiscriminately for numberless ailments. I decided to bleed at once, and abstracted from the arm *pleno rivo*, about eight ounces of blood, which, to my surprise and gratification, effectually and at once arrested the flooding, the pains immediately became active, and as the vertex presented normally, labor was soon completed by the efforts of nature, without any more loss of blood, the patient convalescing as rapidly as in her previous labors."

There never occurred any doubt in my mind that, in this instance, the fearful flooding was controlled and arrested by venesection. Its rationale it is not my purpose now to discuss. I content myself in giving the facts.

Although not strictly within the scope of this paper to give cases in detail, I nevertheless can more clearly illustrate my views upon the applicability of venesection in cases of placenta prævia, by briefly reporting two cases of placenta centralis occurring in the practice of Dr. Hauenstien, of this city, by whom I was called in consultation, and with whom I was associated from the beginning to the ending of the labor.

"*Case* 2. February 23d, 1868, was called in consultation with Dr. H. to visit Mrs. R., German, aged 38, multipara. One month prior to this visit, the patient had been attacked with uterine hemorrhage, which Dr. H. arrested by the tampon. At our joint visit, this woman had attained to her full period of utero-gestation, and was flowing; labor pains slight. At next visit, 5 A. M., ascertained that considerable blood had been lost, and that there was no perceptible dilatation of the os. Introduced the air-ball tampon, and bandaged the abdomen tightly. We determined to delay active interference, provided our efforts to arrest hemorrhage with the air ball should be crowned with success, until the complete dilatation of the os. As the air-ball appeared to be efficient for the arrest of hemorrhage, we did delay, and await the efforts of nature, even beyond the verge of apparent safety, until dilatation was completed. We had ascertained from external palpation that the position of the child was transverse, and by digital

examination that the placenta was centrally implanted. Pains had been considerable in force at noon, but now, at 9 o'clock, P. M., have ceased; tampon now removed, os found fully dilated; entrance of the hand within the uterine cavity easily made, the patient having been previously anæsthetized, one foot seized, brought down, and when the breech became engaged, hemorrhage, which had been considerable after removal of tampon, was arrested, and the further delivery, after the pains had become active, was left to the unaided efforts of nature; she gave birth to a living child, and had herself a good recovery. I should add, that pressure was constantly made with both hands upon the abdomen, and maintained for some time after delivery. The air ball, it is believed, applied closely up against the os, greatly facilitates dilatation."

In the second reported case, it will be seen at a glance, that the air-ball was all-sufficient to arrest hemorrhage, until the law of appropriate management, enunciated above, was complied with, viz., non-interference, save the necessary means for the arrest of hemorrhage, until the *complete* dilatation of the *os*, hence venesection would not be thought of for one moment. Now, were it possible for general blood-letting to accomplish the two-fold object of facilitating this process of expansion or dilatation, and of arresting hemorrhage, then the accumulative prejudice of twenty years against the employment of venesection should deter no one from its prompt, but cautious use, before there were any giving way or flagging of the vital powers."

### Sea-Sickness.

The following rules are laid down by Prof. Fordyce Barker against Sea-sickness.

1. Have every preparation made at least 24 hours before starting, so that the system may not be exhausted by overwork and want of sleep. This direction is particularly important for ladies. 2. Eat as hearty a meal as possible before going on board. 3. Go on board sufficiently early to arrange such things as may be wanted for the first day or two, so that they may be easy of access; then undress and go to bed, before the vessel gets under way. The neglect of this rule by those who are liable to sea-sickness is sure to be regretted. 4. Eat regularly and heartily, but without raising the head, for at least one or two days. In this way the habit of digestion is kept up, the strength is preserved, while the system becomes accustomed to the constant change of equilibrium. 5. On the first night out take some laxative pills, as, for example, two or three of the compound rhubarb pills. Most persons have a tendency to become constipated at sea, although diarrhœa occurs in a certain per centage. Constipation not only results from sea-sickness, but in turn aggravates it. The reason has already been given why cathartics should not be taken before starting. The effervescing laxatives, like the seidlitz, or the solution of the citrate of magnesia, taken in the morning on an empty stomach, are bad in sea-sickness. 6. After having become so far habituated to the sea as to be able to take your meals at the table and go on deck, never think of rising in the morning until you have eaten something, as a plate of oatmeal porridge or a cup of coffee or tea, with sea-biscuit or toast. 7. If subsequently, during the voyage, the sea should become unusually rough, go to bed before getting sick.

### Acute Rheumatism.

The *Lancet* give the following treatment of acute rheumatism, as practised by Dr. Sibson, at St. Mary's Hospital.

1st. Removal of pressure and tension of joints. 2d. An even and warm temperature. 3d. Removal or relief of pain. To accomplish the first of these ends, the patient lies in bed, and his joints are muffled in cotton-wool and flannel, a cradle being placed where the weight of the bedclothes is painful. For the second, the patient wears a flannel dressing-gown, and the blankets touch the skin of the lower extremities, sheets being placed only over the upper part of the bed. For the third, the linimentum belladonnæ of the Ph. B. is applied to painful joints, and covered over with wadding. Occasionally, where the pain is very excessive, from an eighth to a quarter of a grain of morphia is injected subcutaneously. For the rest, he has now and then found it useful to apply a leech or two to a swollen joint, or to the cardiac region. In cases where there appears to be a gouty complication, Dr. Sibson employs a little iodide of potassium; but apart from this he does not give any potash to his patients. He finds the urine rarely containing acid after the first few days of treatment. As regards food, his experience and practice are not a little interesting. The patient is allowed from the first, roasted-meat, rice-pudding, and porter. This diet was not only ordered by the Doctor, but was consumed by the patient with very rare exceptions. Some patients confirmed this statement, and added also strong testimony to the immense relief derived from the application of belladonna in the way described.

### Poisonous Hair Dyes.

The frequent impunity with which leaden and other metalliferous hair dyes are used, when only applied at intervals, has led to the introduction of a more dangerous class than these, called hair restorers, in which a slower action of lead is employed to blacken the hair by daily applications. The most romantically named hair dyes and restorers are just so many solutions of lead, mercury, silver, or copper, combined with mordants or decomposing agents. Those of nitrate of silver destroy the hair, but do not injure the health. Mr. Erasmus Wilson tells us that one of the most largely used hair restorers contains as much as a drachm of acetate of lead to half a pint; it is sold for more guineas than it is worth pence in point of money value. Leaden combs, used daily, produce also insidious forms of lead poisoning. Schott publishes, in the *Gazette Médicale de Paris* (1864), an instructive post mortem examination of a fatal case. Those who have used some of these poisonous preparations with impunity for a number of years, should yet remember the fate of Mademoiselle Mars, who also dyed her hair, in the hope of eternal youth, and succumbed in one night, under cerebral disturbance produced by a new application. The pearl-white powders, which are becoming more and more fashionable for giving the complexion the dull Parisian whiteness of skin—the *teint mat*—are equally dangerous, and produce numerous poisonings, especially amongst dramatic artists. There are many innocuous powders which answer the purpose; but carbonate of lead adheres so much better, that it is still the favorite, as it was when Ovid denounced it in his *Ars Amoris*, and Martial in his Epigrams.—*Brit. Med. Journal.*

### Detection of Mercury in Poisoning.

The following method is said by the *Brit. Med. Journal*, to be employed by M. Buchner in searching for mercury in the remains of a person poisoned by corrosive sublimate. The organic remains having been disintegrated by a hot mixture of chlorate of potash and hydrochloric acid, the solution is diluted and saturated with sulphuretted hydrogen. After some hours, the sulphide formed is collected, dissolved in aqua regia, and reduced by evaporation to a small volume. A little water being added, a bright piece of copper-wire is placed in the liquid, and when mercury is present, the wire becomes grey, at the latest in two days. The copper is withdrawn, dried between folds of blotting-paper, and heated in a wide test tube. The mercury is more easily distinguished by removing the wire, and placing in the tube a drop of tincture of iodine. M. Riederer having remarked that the sulphide of mercury which is formed by this process always contains organic matter, has recourse to dialysis. He operates in the following manner. After disorganization by chlorate of potash and hydrochloric acid, the mercury in solution is precipitated by sulphuretted hydrogen, the sulphide collected, dissolved in a mixture of chlorate of potash and hydrochloric acid, and dialysed with 500 c. c. of water. At the end of five days, the water is evaporated, and the dialysis repeated. After this treatment, the solution is again saturated with sulphuretted hydrogen; the precipitate is washed with ammonia and sulphide of ammonium, then with weak nitric acid, and finally treated afresh with hydrochloric acid and chlorate of potash. Operating upon dogs with calomel, M. Riederer has recognized that the greater part of the mercurial compound is eliminated by the excrements.

### An Ovarial Cyst containing Hair.

The above was found by Dr. Paulicki, of Hamburg, (*Wiener Med. Presse*, No. 40, 1868,) in a woman of the town, aged 23 years. Her left ovary was found to be transformed into a number of cysts; one of which, on being opened, revealed a pale-yellow, fatty, glistening mass, of a pappy consistence, and a great number of brown hairs. The single hairs measured from two to five inches, and were somewhat thinner than the hair of the scalp. The cyst which contained these was of the size of a goose's egg. The left ovary had also numerous cysts; there were close adhesions between the uterus and rectum, and between the former and the ovaries and tubes. A radiating cicatrix was found in the vaginal portion of the uterus. Death had been caused by syphilitic erysipelas of the head.

### Habitual Constipation in Children.

Bohn says (*Allgem. Med. Central-Zeitung*, No. 99, 1868) we should only make use of purgatives in the above cases when it is necessary to meet any acute symptoms, which depend upon a stagnation of the feces. He then prefers the syrups spinæ cervinæ in doses of a teaspoonful daily, or the use of repeated clysters.

Before all, we must endeavor to remove the causes, which often depend upon faulty nutrition; and when no improvement can be made in this respect, we may confidently resort to one of two remedies; clysters of cold water and cod-liver oil. The clysters are to be given at regular in-

tervals once, twice, or three times daily, their temperature being gradually reduced, until the peristaltic motions of the intestinal canal become regularly functional. When the use of clysters is not practicable, in the case of poorly fed children, and in those in whom rhachitis appears imminent, he prefers the cod-liver oil. Both remedies must be persevered in until the stools occur regularly and independently of them; of course with improvement the remedies are applied with less frequency. Of cod-liver oil, he found two teaspoonfuls daily a sufficient dose to begin with.

# Reviews and Book Notices.

## NOTES ON BOOKS.

The Annual Report of the Western Pennsylvania Hospital for 1868 shows that institution in a flourishing condition.

Since April 1st, 1856, thirteen hundred and ninety-six patients have been admitted, of whom two hundred and fifty-six were committed on orders of the several courts of seventeen counties, three hundred and sixty-four by the Directors of the Poor of seventeen counties, seven hundred and fifty by friends from twenty-one counties, twenty-two from other States, and six from the Western Penitentiary.

A singular case of abnormal gestation read before the Richmond Academy of Medicine by Dr. M. H. Houston, and subsequently printed in the *Richmond and Louisville Medical Journal* for June, 1868, has been separately published from that journal, and will be found of interest to obstetricians.

An article in the *New York Medical Journal* for Jan., 1869, on a new operation for artificial hip-joint in bony anchylosis, has been republished as a separate pamphlet by D. Appleton & Co. The author, Dr. Lewis A. Sayre, well known for his contributions to orthopædic surgery, calls attention in the preface to the erroneous statement in reference to one of his operations made by Dr. Louis Bauer in his recent work on Orthopædic Surgery. No doubt, Dr. Bauer will cheerfully correct any misapprehension into which he may have fallen concerning the matter. Such questions should always be regarded from the stand-point of true scientific value, not from that of any personal bias.

We have received the prospectus of the *Archives of Ophthalmology and Otology*. The editors are Prof. H. Knapp, of New York, and Prof. S. Moos, of Heidelberg, and the work will be published simultaneously in New York, by Wm. Wood & Co., and in Carlsruhe, by C. F. Muller, in English and in German. The subscription price will be $7.00 yearly in advance. The first number, it is announced, will be issued some time in May, and will consist of about three hundred octavo pages of entirely original matter, contributed by men of eminence in this country and in Europe; fully illustrated by engravings and chromo-lithographic plates.

The second number will appear about six months thereafter, the two numbers forming one volume, "replete with articles of standard value, not only to the professed ophthalmologist and otologist, but also to the general practitioner."

An excellent address is that delivered before the Medical Society of the State of New York, by its President, Dr. John P. Gray, on Insanity and its Relations to Medicine. He takes strong grounds against the modern tendency to specialize too much all the departments of medical science, and illustrates the oneness that pervades the whole.

An address by Dr. M. H. Houston, delivered before the Richmond Academy of Medicine, on retiring from the Presidential chair, has been published by order of the Academy at Richmond. It is an interesting effort.

The Fifth Annual Report of the Trustees of the City Hospital, Boston, is a pamphlet of sixty pages, with a number of views and plans of the building.

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**Compendium of Percussion and Auscultation, and of Physical Diagnosis of Diseases affecting the Lungs and Heart.** By Austin Flint, M.D. Fourth Edition. New York: Wm. Wood & Co. 1869. 1 vol., 12mo., pp. 36, cloth. *Price*, 50 cents.

This little compendium is a handy reminder for the pocket, and no doubt will be found of considerable use. It presents, with great brevity and by a master hand, the whole topic of physical diagnosis of heart and lung diseases.

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**Essentials of the Principles and Practice of Medicine. A Handbook for Students and Practitioners.** By H. Hartshorne, M. D. Second Edition, revised and improved. Philadelphia: H. C. Lea. 1869. Cloth, 8vo., pp. 452. *Price*, $2.38.

Hardly two years have elapsed since the first edition of this work appeared, and it is evident that the author presented his subject in a manner destined to make it popular with the profession. The volume has been carefully revised, and the contributions to medical science made within the last eighteen months carefully examined, with a view to render the book complete.

Medical and Surgical Reporter.

PHILADELPHIA, FEBRUARY 27, 1869.

S. W. BUTLER, M.D., & D. G. BRINTON, M.D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

## PREVALENCE OF SMALL-POX.

We observe that in a late number of the *Providence Journal* a writer inveighs with great propriety against the tendency to exaggerate accounts of this much feared disease in the daily papers. There have been published this winter statements that there were one hundred deaths daily in Cincinnati; that the public schools at Milwaukee were broken up by the pestilence; that there were several thousand cases of the disease in Chicago; that it was raging fearfully in St. Louis; and now a climax of horrors is reported by special correspondents from California. "The streets are filled with funerals;" "the graves are full;" "the days are not long enough to bury the dead;" "fathers and children, mothers, brothers and sisters expire daily;" "the physicians stand aghast;" "in one town of 1000 inhabitants, 400 have had the disease, and 160 have died."

In addition to these ridiculous statements of a general character, the most minute and disgusting descriptions of individual cases are given, the whole bearing unmistakable evidence that the writer is a frightened fool, or a heartless, unprincipled wretch, who would destroy the peace of thousands, for the sake of making a newspaper sensation.

What are the facts? In Milwaukee there was a large number of cases last fall; but nothing that caused any special alarm; in Chicago, during the whole year 1868, there were 1000 cases of small-pox, and 292 of varioloid, of which only 146 died. It is probable that the majority of the people of Chicago had not heard of any unusual prevalence of small-pox. There were only 12 cases reported during the month of December. In Cincinnati there were 78 deaths reported from small-pox in the month of November, and 145 in December. In that city, they have had trouble in arresting the disease, on account of the opposition of certain German physicians to vaccination; but there has never been any such panic, nor such frightful mortality, as the papers represent.

From California we have no special information; but presume that there is an epidemic of small-pox there. It is probable that the proportion of vaccinated persons there is less than at the east, and that it may have been difficult to obtain vaccination virus immediately; and that there have been some malignant cases; but nothing of the kind, nor to the extent that "special correspondents" represent.

The Eastern cities are remarkably free from small-pox, this winter. No deaths are reported from Boston, Philadelphia, Baltimore, or Providence. We are unable to obtain any reports of mortality from the city of New York, and no tables of death, except annual reports, are published by the Board of Health of that city.

We have ourselves as good means of knowing its prevalence in country districts as any, and we feel safe in saying that it is not now, nor has it been any time this winter more prevalent than usual throughout the land. It is most ill-advised in public journals to admit alarming and untrue statements of this kind.

## PHYSICIAN'S MUTUAL AID ASSOCIATION.

In this poorly paid profession of ours, there are few who succeed in laying up from their own earnings sufficient to leave their families a respectable competence. Many a man looks with anxiety to the possibility of his wife and children having to struggle with poverty, and become the object of the cold charities of relatives. Life insurance, indeed, offers a means of guarding against this, but then life insurance is uncertain, costly, and not always practicable.

In New York city an organization has been formed called the "Physician's Mutual Aid Association," under the presidency of Dr. John H. Griscom, whose reputation as a philanthropist is widely known. The plan proposed is one which, if fully carried out, will benefit the heirs to a large extent, with very trifling expense. The idea is that of *purely mutual aid*, the only premium required of each member of the Association being the assessment fee.

The frequency with which this contribution may be required, will depend solely upon the rate of mortality of the associate members; and

it is believed that in no class of people is this, lower than in the Medical Profession.

The principle is that of *Co-operative Aid* which has already proved successful in several instances, at a very trifling expense.

The annual rate of mortality of the whole population of the city, including all classes, both sexes and the infantiles, averages from 25 to 30 per thousand; and if such an Association as this should be composed of all those, the assessment fee therefore would be less than the premiums required by ordinary Life Insurance Companies; but if composed of Medical practitioners only, it is clearly evident that the amount called for annually will not be more than one-fifth thereof.

The plan will be readily seen from the following article in the constitution.

The Treasurer, upon being informed of the death of any member, shall immediately notify all the other members, and require of each the following payments, viz: one dollar from those admitted *under* fifty years of age. and two dollars from those admitted *over* fifty years of age.

All assessments after the first must be paid within thirty days after the notification of the death of the last deceased member, under the penalty of forfeiture of membership. The heirs or legal representatives of a deceased member are required to notify the Recording Secretary of the Association of such death within ten days, or as soon thereafter as practicable, such notification to be accompanied with satisfactory vouchers.

All assessments collected according to this Article shall be paid to the legal representative of the deceased; and if not claimed by the heirs at the expiration of twelve months, shall be placed to the credit of a Permanent Fund.

For all expenses incurred by the officers of the Association in the transaction of its legitimate business, if there is at any time an insufficient amount derived from the initiation fees, the amount necessary to make up the deficiency may be deducted from the assessments received for the benefit of the heirs of each decedent, but not to exceed five per cent.

For any surplus assessment not less than twenty-five dollars, paid by a member, the interest thereof derived from a Savings Bank shall be credited to its contributor; and in case of his decease before it is all appropriated to the heirs of other members, the amount remaining shall be paid to his heirs or legal representatives, unless directed by the contributor thereof to remain in possession of the Association, in which case such balance shall be devoted to the creation of a Permanent Fund.

## THE NEXT CENSUS.

The value of censual statistics to the sanitarian and hygienist cannot be over estimated. We have never been conspicuous as a country for completeness or accuracy in such matters, but in 1870 we hope to see a change for the better. Everything depends on going to work in the right way, and under proper supervision. We were very much pleased on seeing a paragraph in a late number of the New York *Times*, on this subject. It called attention to the fact that the Special Committee of the House of Representatives on the Census of 1870 has issued a call for information and suggestions from all parts of the country, as to the best method of taking the census, with a view to recommending appropriate legislation in reference thereto. This is a sensible move on the part of the committee, and we hope the call will be responded to by those familiar with the subject. This will be the ninth national census since the formation of the Government, and it is of the utmost importance that it shall be accurately and fully taken. Statistical science, and particularly that branch of it relating to vital statistics, has hitherto received little attention in this country, and yet, owing to the peculiar character of our population, there is no country in the world where its teachings are of greater importance, or would furnish a more interesting study for the statesman, the ethnologist, or the philosopher. The person who is appointed to superintend the next census should be a man who has a comprehensive view of what a national census should be; who is well versed in the science of statistics, and who is capable of arranging the vast mass of information to be obtained in a clear, systematic, concise, and intelligible form, accompanied by such comparisons, deductions, and comments, as shall impart an interest to the work beyond that to be derived from a mere collection of dry tables and figures. Unfortunately, ws have but few men in this country whose studies have fitted them for such a task, and those few are not the men to seek a position which, like other political appointments, is likely to be given to the most persistent and least competent applicant. "If some gentleman of acknowledged skill and ability as a statistician," says the *Times*, "like Dr. E. M. Snow, of Providence, for instance, who took the last census of Rhode Island, and the best ever taken in this country, would undertake the superintendence of the next national census, we

might hope to see the work done in a sreditable manner."

This is a first-rate suggestion. The equal of Dr. Snow at this work cannot be found in the country, and we confidently predict that he would give the most complete satisfaction in such a situation. His experience, skill, and rare qualifications as a statistician are unequalled, and we sincerely hope that the business will be put in his hands.

### MARK THE RESULT.

Not many months since, we called attention to the fact that several leading medical men of New York city had given certificates to a secret nostrum used for preserving corpses. We expressed our regret to learn this, and hoped for their own sake and the sake of their reputation, these physicians and surgeons would prevent the owner of this secret embalming fluid from using their names to vend his nostrum. So far as we know, this has not been done. We are even informed on testimony beyond question, that the public hospitals of New York—one of them at least—has been used as an advertising room for this patent and secret preparation.

What is the consequence? Why that the public press itself is inveighing against such conduct. In a late number of the New York *Evening News* a writer describes this advertising exhibition of the preservative powers of the embalming fluid, and then proceeds as any intelligent and honorable man would, in severely condemning it. He says: "on this occasion our hospital of benevolence was made, not the benefit of the public's intention, but to demonstrate upon the bodies of two pauper women; not to enlighten the gentlemen learned in medicine, materia medica, chemistry, pharmacy and therapeutics, invited to witness the autopsy, but merely to cut up, mutilate and indecently expose two friendless bodies to illustrate *their secret;* merely informing their invited audience what they could not disguise that *carbolic acid*—which the odor prevented their disguising—was a *portion* of the basis of their nostrum."

If the facts are so, then neither eminence of social position, professional standing, nor official rank should shield these medical men from the censure and the judicial castigation they deserve.

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

# Notes and Comments.

### THERAPEUTICAL BULLETIN.*

Compiled by Geo. H. Napheys, M.D.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc., etc.

The selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form.

The list of anodynes employed against neuralgia, commenced last week, will be continued in a future number. Below will be found several formulæ for

*Remedies employed as Tonics.*

Dr. John Forsyth Meigs.

℞ Ferri et quiniæ citratis, gr. vij.
Extracti gentianæ fluidi,
Spts. lavend. compositi, āā f.ʒ½.
Alcohol, f.ʒ½.
Aquæ, f.ʒiij. M.

For one dose, ter die.

Prof. Joseph Pancoast.

℞ Quiniæ sulphatis, gr. xxxij.
Acidi sulphurici dil., gtt. lxiv.
Tr. cardamomi comp., f.ʒj.
Syrupi acaciæ, f.ʒiij. M.

Sig. Teaspoonful ter die before meals, for a child. And, if indicated, a grain of the pyrophosphate of iron, made into a tablet with gum and sugar, after meals.

Dr. J. M. Da Costa.

℞ Tr. ferri chloridi, f.ʒj.
Acidi acetici, f.ʒj.
Mix and add
Liq. ammoniæ acetatis, f.ʒv.
Syr. aurantii corticis, f.ʒij. M.

Sig. Dessertspoonful gradually increased to a tablespoonful ter die. This recipe, a modification of Basham's mixture, is useful in those cases in which the union of a tonic and diuretic effect is desired.

* Entered according to Act of Congress, in the year 1869, by Geo. H. Napheys, M.D, in the Clerk's office of the District Court for the Eastern District of Pennsylvania.

N. B. This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

Prof. Ellerslie Wallace.

℞. Ferri pyrophosphatis, ℥ij.
Curaçoæ, f.℥ss.
Aquæ, f.℥ijss. M.

Sig. Teaspoonful four times a day.

Dr. Edward John Tilt.

℞. Sodæ hypophosphitis, gr. xx.—xxx.
Infusi gentianæ comp., f.℥vj. M.

Sig. Two tablespoonfuls to be taken twice a day, just before meals.

Prof. S. D. Gross.

℞. Tr. ferri chloridi, f.℥j.
Quiniæ sulphatis, gr. xx. M.

Sig. Twenty drops ter die, in sweetened water, through a tube. He prefers the tincture of the chloride to all the other preparations of iron.

Prof. Chas. D. Meigs considers reduced iron (ferrum redactum) to be the most efficient of the chalybeates, in two-grain doses three times a day, after each meal, on a full stomach.

*Tonic Hypodermic Injection.*

Dr. Addinell Hewson.

℞. Quiniæ sulphatis, gr. iij.
Aquæ destillatæ, f.℥j.
Acidi sulphurici diluti, q. s.

To make a neutral solution.

Of this, ten drops are to be thrown under the skin three times a day. Dr. Hewson has employed this injection as a tonic in bad cases of typhoid fever with signal success. He has also found it valuable in breaking up obstinate intermittents, when the ordinary treatment by the mouth has failed. Two cautions are to be noted, *i. e.*, to have the solution *neutral*, and to have it *freshly made*. If these be observed, there is no danger of the formation of an abscess.

*Tonic Inhalation*—Dr. J. M. Da Costa.

℞. Ferri lactatis, gr. j.—ij.
Aquæ destillatæ, f.℥j. M.

For one inhalation. To be administered (by means of any form of steam atomizer throwing a fine spray) two or three times a day. Useful in anemia, when iron given by the stomach is not assimilated. Also in cases of gastric ulcers, when the constitutional effect of this agent is called for, while it is desirable to spare the stomach.

*Tonic Bath*—Dr. T. K. Chambers.

℞. Acidi hydrochlorici, f.℥j.—ij.
Aquæ calidæ, C.xxx. M.

in a wooden bath, the patient to remain in it for from ten to twenty minutes. Dr. Chambers has found this bath to confer muscular strength, even when employed alone. When used in cases of anemia while iron is being given internally, it gives an impetus to the improvement of the patient; more iron is taken up, and the blackening of the fæces ceases.

Dr. T. H. Tanner also recommends the same bath, with the addition of nitric acid, f.℥jss., in cases where the liver is inactive, as in invalids from tropical climates.

[To be continued.]

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### To New Orleans!

The next meeting of the American Medical Association will be held in New Orleans, beginning on Tuesday, the 4th of May next.

We understand that a gentleman in the West is making an arrangement whereby those who may desire to descend the Mississippi river from Cairo to New Orleans, in a first class steamer, will be enabled to do so upon favorable terms. The particulars of this arrangement will be announced in the April medical journals.

The time from Cairo to New Orleans will be about four days, and the fare will not exceed thirty-five dollars from Cairo to New Orleans and return. Perhaps better conditions may be secured. We hope so.

---

### Clerical Endorsements.

Under this title an excellent cotemporary, the *Lutheran and Missionary*, has some very just remarks on the folly and impropriety of clergymen lending their names to giving publicity to hair-restorers, washing machines, quack medicines, etc. It says: "Clerical endorsements are more common in connection with medicines and physicians than anything else. We have seen page after page of reputed cures by patient medicines certified to by clergymen. Their names are paraded in the daily papers, testifying to the wonderful results of pills, powders, syrups, ointments, bitters, and liniments, each having its own peculiar high sounding title. These testimonials are, for the most part, based on most illogical deductions from facts, and do not testify very highly to the reasoning skill of the clerical subscriber."

Curiously enough, the very next article in the columns of the *Lutheran* is an advertisement of a secret remedy, with a Reverend somebody's name tacked to it as voucher. We have repeatedly called attention to the gross inconsistency of religious papers advertising, or religious leaders endorsing, quack medicines. But we have improved on our forefathers; we have so skilfully arranged it, that we can serve both God and mammon, and hope to cheat the devil at our last gasp.

### A Timely Warning.

The Rt. Rev. A. Cleveland Coxe, Protestant Episcopal Bishop of the Western Diocese of New York, in a lenten pastoral to his people, has the following strong and timely warning to his people, on a crime only too prevalent in our day.

"I have heretofore warned my flock against the blood-guiltiness of ante-natal infanticide. If any doubts existed heretofore as to the propriety of my warnings on this subject, they must now disappear before the fact that the world itself is beginning to be horrified by the practical results of the sacrifices to Moloch which defile our land. Again I warn you that they who do such things cannot inherit eternal life. If there be a special damnation to those who 'shed innocent blood,' what must be the portion of those who have no mercy upon their own flesh?

"Dearly beloved, 'save yourselves from this untoward generation.'"

### Fatal Mistake.

Dr. W. M. Jennings, a prominent physician of Titusville, Pa., accidentally poisoned himself on Tuesday, the 16th inst., and died in great agony. It appears that Dr. Jennings had been complaining of a pain in the chest, and finally visited a drug store to obtain medicine to relieve it. Arriving at the store, he inadvertently took a dose of what he supposed to be tincture of orange peel, but which unfortunately proved to be tincture of aconite. Powerful emetics and strong antidotes were administered, but all to no purpose. Vomiting was succeeded by convulsions, and a few hours after taking the poison he expired.

### The Preservation of Syrupus Ferri Iodidi.

A writer in the *Pharmaceutical Journal* says: "I have in my possession a bottle of syrupus ferri iodidi, which has now been made more than twelve months; it is simply corked, and has been frequently exposed to the air. During the last six months the bottle has been kept only half full, and the syrup is still in perfect preservation. The method adopted to ensure this result is the simplest conceivable; it consists (as recommended in a previous letter, in April *Journal* last year) in exposing the syrup to sunlight for a short time daily. The bottle I have alluded to has been kept in a corner of the window of our shop, and has there been exposed to many changes of temperature.

"I believe I am indebted to a writer in the *Pharmaceutical Journal* for the method of preserving syrupus ferri iodidi by exposure to sunlight; possibly to the Messieurs T. and H. Smith, of Edinburgh, to whom pharmaceutists are under obligations; for I find on page 353, Vol. VII, second series, the following:—'A few remarkable facts, in opposition to the general opinion that exposure to sunlight is conducive to generation of color in such preparations, are, we think worth relating. We have frequently observed that, under certain circumstances, colored syrupus ferri iodidi is *bleached by exposure* to sunlight.'"

### Strength of Carbolic Acid Solutions.

In view of the fact that carbolic acid is now largely in use in medicine, with a probability that its range of application will be increased, it is well for prescribers to be very careful of the particular preparation they employ. Instances are reported where much damage has been done by the external application of this substance in solution, the prescriber not knowing the exact strength of the solution, and we ourselves have seen carbolic acid ordered from the apothecaries, in such a way as to evince plainly the fact of a most blissful ignorance of whether the medicine was a solid or a fluid, or in what proportions it was proper to use it. Dr. W. T. Channing, of Providence, reports to the Boston *Journal of Chemistry* several cases of serious results, from the use of the concentrated fluid acid, which is dispensed by some under the name of "solution carbolic acid," when the prescribers intended only a milder solution, which they had been in the habit of using, but had obtained it from other druggists. Until, therefore, some distinctive nomenclature shall be given to the various preparations of this substance, and some officinal "solution" shall be decided upon, physicians cannot be too careful in learning the strength of the solution employed, and it would be advisable to give explicit directions where to procure it.

### Second Sight.

There recently died in Pensacola, Florida, an old colored preacher, known as "Uncle Jacob," about one hundred years old. He was present at and could distinctly remember the surrender of Cornwallis at Yorktown. A curious fact occurred in his case, the truth of which we have vouched for by a respectable medical gentleman there. It is, that after many years of total blindness, this old colored man, over one hundred years of age, was astonished to awake one morning and find his eyesight fully restored—this occurred recently, and the old man retained his eyesight up to the hour of his death.

# Correspondence.

## DOMESTIC.

### Turning the Fœtus in Utero by External Manipulation.

Editors Med. and Surg. Reporter:

Many years ago I was called to a patient in labor attended by a midwife. Found the anus protruding to the shoulder joint—the mother very much exhausted—and the external parts excessively sensitive. Had been in labor twelve hours. The midwife in her delirium of anxiety had placed her feet against the nates of the mother and exerted all her strength by pulling on the anus, to deliver the patient.

The thumb of the fœtus was towards the pubis, and the palm to the left side of the mother, showing it to be the right hand, therefore the head was in the right, and the ribs and hip in the left iliac fossa.

In the absence of pain I gently raised the head with the *whole palm* of my left, while I depressed the breech in like manner with my right hand, which caused the anus to recede. During the ensuing pain I pressed firmly with my right hand against the breech, depressing it into the cavity of the pelvic, while holding the head in the elevation I had gained. This instead of increasing the suffering of the patient, by obtaining a new position and bearing of the fœtus from that in which it had for hours rested, diminished it.

In the next intermission of pain, I repeated the manipulation of elevating the head and depressing the breech, and again held it during the pain, the anus almost disappearing, and on the coming on of the 4th pain, I was rejoiced to see the feet slip through the labia. The patient was speedily delivered of a dead child.

I have often since repeated this operation, generally producing breech presentation; occasionally the feet slip down.

This operation is practicable, and with less difficulty to the practitioner, and far less pain to the patient than introducing the hand into the uterus, and bringing down the feet as recommended by our text books.

There is a predisposition in arm or shoulder presentation to spontaneous evolution, which is often accomplished by unaided action of the uterus. This predisposition will prove to the operator a willing auxiliary.

John S. Durry, M. D.

*Troy, Ill., Feb. 10th*, 1869.

### Patents in Surgery.

Editors Med. and Surg. Reporter:

I place an exceedingly high value upon your Journal, and the many practical ideas contained in each issue; yet I cannot sympathize with your patent instrument correspondent of June 16th. I think I am perfectly safe in saying that *merit*, in any invention or discovery, either in medicine or surgery, has always received its just and proper reward, even where the invention or discovery has not been guarded by a patent. The principle which actuated Dr. Fordyce when he penned:—"Had I been more ambitious of dying a rich man than of living a useful member of society, this compound"—referring to pulvis rhei salin—"would have remained a secret while I lived"—is, I maintain, the correct principle, and will apply equally well to surgical instruments. I have not seen the article in the *Medical Record* to which your correspondent refers; nevertheless I think we will be justified in adhering to the code, and in giving our countenance and attention only to *patents* with an *i*.

Fred. P. Shepperd, M. D.

*Asbury, N. J., Feb. 19, 1869.*

### Poisoning by Sulphite of Zinc.

Editors Med. and Surg. Reporter:

Marie, wife of Hon. Chas. S. Lewis, æt. 28; sanguine temperament, slight form, delicate habit, but ordinarily healthy, took by mistake a large tablespoonful of sulphite of zinc for epsom salts, on the morning of the 20th January. Violent vomiting, with cramps, severe pain and burning in the stomach, and extreme prostration soon followed. Saw her an hour after. Pulse 50, very feeble, small, and easily compressible; respiration difficult; considerable dyspnœa; great irritation of the whole mucous membranes; cough; copious flow of tears from the eyes; constant desire to eliminate and discharge the feces. After cleansing the stomach thoroughly, the following treatment was adopted.

Five-grain doses of crystallized sup. carb. of sodæ in solution, at short intervals, until the nausea was sufficiently allayed, when whippal cream of eggs was given freely. After that bromide of potassium was given every hour, as much as three grains in solution. Opiates was given at night, with mucilaginous drinks; perfect quiet and rest was observed. Patient slept well.

January 21st. Pulse improved, no appetite, tougue partly coated. Bromide of potassium continued at intervals of six hours, with the

milk of faranacea. Breathing less interrupted, but great epigastric tenderness.

22d. More comfortable; pulse 65; tongue still furred and sluggish; great feeling of prostration; chicken broth and beef tea recommended; also some brandy added to the milk diet.

23d. Patient comparatively comfortable, after having spent the night in perfect unrest, because of a terrible itching and burning in the skin. Prescribed chlor. potass., in solution, grs. v., every six hours, with weak solution of permanganate of potass., to be applied externally. No further difficulty; patient went on convalescing, without any untoward symptoms, making a perfect recovery, with the exception of a little formication at night.

J. W. Ramsay, M. D.

*Clarksburg, W. Va., Feb.* 1869.

# News and Miscellany.

### The Female Physicians at the Philadelphia Hospital.

An occurrence that we consider of some historical import, took place last month. Early in the month the Professors in the Woman's Medical College in this city told their pupils that as the lectures at Blockley were free to all students of medicine in the city, they had a right to participate if they chose to go. Fifteen, headed by Miss Preston, went in and took their seats. The male students commenced a general clapping of hands and stamping of feet, and were really somewhat uproarious, but the ladies quailed not. All were as silent, unmoved, and dignified as possible. After a few moments, Professor Stillé, of the University, entered, and, after the usual applause had subsided, turned to the ladies, and, in a neat speech, bade them welcome, and then commenced his lecture by "*ladies and gentlemen.*" After him came Dr. R. Levis, who did not notice them at all, but proceeded with his lecture as if nothing unusual had been presented.

On the following Saturday, thirty-five ladies walked in, and all passed off as before. The next clinic day thirty-three were present. After the lectures were concluded, Dr. Levis invited the ladies through the wards. After the second visit to the clinics, the ladies had Dr. Stillé elected consulting physician to the Female Hospital, and Dr. Levis consulting surgeon to the same, and both accepted.

This is a practical solution of a question often discussed in this journal.

### Medical Society.

A meeting of the physicians of Franklin county was held at Chambersburg on Tuesday, Jan. 19th, and a medical society organized. The object of the association is to promote the cause of medical science, diffuse knowledge, and establish friendly social relations among its members. The following officers were elected: President, Dr. A. H. Senseny; Vice-Presidents, Drs. J. K. Davidson, A. H. Strickler; Corresponding Secretary, Dr. S. G. Lane; Recording Secretary, Dr. W. H. Boyle; Treasurer, Dr. J. C. Richards; Censors, Drs. J. L. Suesserott, B. F. Frantz, Wm. Hunter. The next regular meeting will be held in Chambersburg, in July.

### Family Poisoned by Arsenic.

The family of Mr. Pinner, of New York, numbering eleven persons, came near being fatally poisoned, recently. To clear the house of rats arsenic had been purchased, and that part of it which was not immediately used was carelessly put in a closet where general household stores were kept. The servant, mistaking it for salaratus, used it in making a pudding, which every one in the house shared in eating. One of the victims died.

### Death through Inhaling Chlorform.

An inquest was held at the Horse and Groom, Walworth-road, London, on the body of Mr. A. J. Roberts, aged 31, assistant to Messrs. Steedman and Falconer, chemists, Walworth-road. Deceased, before going to bed, complained of the toothache. The following morning he was found dead in bed, lying on his face, under which was a silk pocket handkerchief. Near the bedside was a small bottle, but there was nothing in it. It was stated that when afflicted with the toothache, the deceased was in the habit of inhaling chloroform, and it is supposed that he had used this drug to allay the pain on the night of his death. The jury, therefore, returned a verdict of "Death by Misadventure."

### Health Charts.

It is announced that a recent report of the medical officer of the Privy Council in England supplies a map of the cholera districts, and that a series of charts is in preparation in reference to other diseases, so that persons subject to any particular malady may know what districts to shun. A medical atlas of this kind will, it is contended, save time, expense and disappointment. These maps are believed to show the wisdom of treating certain important diseases in

separate hospitals, the air and the soil which are life to one case, being exceedingly prejudicial to another.

### Removal of the Hotel Dieu.

The Hotel Dieu, the oldest of the hospitals in Paris, dating from about the year 650, will soon be entirely removed from its ancient site, and the spot that it occupies will be converted into a splendid square facing the Cathedral of Notre Dame. The question of rebuilding the Hotel Dieu has been in agitation since 1772, when it suffered from an extensive conflagration, but the place to which it should be removed caused such differences of opinion that nothing was done. The contest was principally between the advocates of a central situation and on one of the outskirts of Paris. Within the last few years, it was resolved to rebuild on the Isle de la Cité in the very centre of Paris, and a large space of ground was provided by the purchase and demolition of the old houses on the selected site. It is now reported that the new Hotel Dieu will be completed in 1869. Several of the ten pavillions which compose the hospital edifice have already reached to the height of a third story; all the others have two floors entirely finished. There will be eight court-yards between the different wings of the building, and the eastern and western sides are to be connected by a long gallery.

### Preservation of Specimens.

Soft specimens of natural history and of comparative anatomy, if placed in alcohol saturated with corrosive sublimate, beginning with a low strength of spirits and increasing it at short intervals, will become so thoroughly changed and prepared, that they may be afterwards kept indefinitely in pure water without any further alteration.

—— It is stated that Nélaton thinks it will be safe to sever the Siamese twins, and the operation will probably be performed.

—— The Protestant College at Beirut, Syria, has forty-one students in the literary and twenty-one in the medical department. The latter all pay their fees in full—$45 in gold.

Dr. Brown-Séquard is said to have accepted a chair in the Paris Faculty of Medicine. Brown-Séquard has a faculty of accepting professorships, keeping them a year or so, and then abandoning them. He has held professorships in two or three colleges in this country.

*[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

## MARRIED.

Durham—McCurdy.—At Reading, Pa., on the 9th inst., by Rev. E. J. Richards, Albert R. Durham and Sallie A., daughter of Dr. J. K. McCurdy.

Mealy—McAnall.—Jan. 27th, at the residence of Mr. Hugh McAnall, by Rev. L Grier, assisted by Rev John M. Mealy, George N. Mealy, M. D., of Tyler co., and Miss Mary M. McAnall, of Ohio co., West Va. (Corrected)

Polk—Levergood.—In the Presbyterian Church of Wrightsville, on the 16th inst., by the Rev. S. Morton Pearce, assisted by the Rev. Mr. Weaver, of the Lutheran Church, C. G Polk, M. D., son of the Hon. C. G. Polk, ex-Governor of Delaware, and Miss Phebe Levergood, of Wrightsville, York co., Pa.

Roebuck—Fletcher.—On the 4th inst, by the Rev. D. R. Moore Dr. D. Y. Roebuck and Miss Frances Fletcher, all of Dalton, Wayne co., Ohio.

Shaeffer—Hetich.—In Bucyrus, Crawford co., Ohio, Feb. 2d, William B. Shaeffer, M D., and Miss Lucretia A. Hetich.

## DIED.

Boggs.—June 4th, at his late residence in Franklin Township, Allegheny co., Pa., Crawford A. Boggs, M.D., in the 35th year of his age.

Brown.—Near Deerfield, Lewanee co., Mich., Feb. 3d, Jonas Brown, M.D., aged 75 years.

Gegan.—In this city, on the 15th inst., Dr. John Gegan, Jr.

Hoehling.—On the 21st inst., Effie E, second daughter of Dr. A. A. and Annie T. Hoehling, aged 2 years and 8 months.

Mason.—At Deerfield, Lewanee co., Mich., Jan. 30th, M. M. Mason, M. D., aged 58 years.

Miles.—In New York, Feb. 18, Archibald Miles, M. D., aged 65 years.

## ANSWERS TO CORRESPONDENTS.

*Dr. T. G. H, of O.*—We cannot give you positively the early treatment of the case of sunstroke mentioned in the Hospital Reports, but have no doubt it was the cold water and stimulant plan.

*G. & Co., of Ohio.*—Boudault's Pepsine is a *good* article in dyspepsia. So is the American article.

*Dr. G. I, of Ill.*—"What work on Diseases of Children do you recommend as being the best? I have Meig's work." Try Smith's new work.

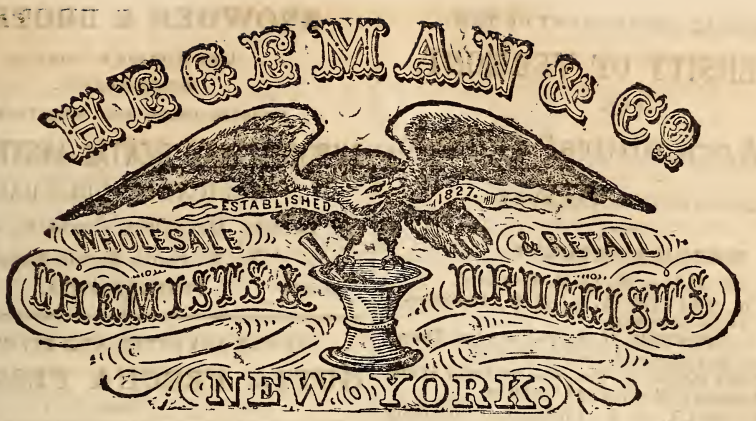
"What will a wired skeleton cost?" $45.00; send money by P. O. order.

*Dr. A. D B., of Texas*—"I would be pleased if you would inform me, through the columns of your journal, whether you can procure for me, and at what cost per pound, the ethereal solution or essence of peroxide of hydrogen, used by Dr. John Day, of Australia, in Diabetes, as reported in the London *Lancet* for April, 1868." It is a preparation which we do not know where to procure you in this market. Perhaps some of our readers will inform us.

## METEOROLOGY.

| February, | 8, | 9, | 10, | 11, | 12, | 13, | 14. |
|---|---|---|---|---|---|---|---|
| Wind | S. W. | S. E. | E. | S. W. | N. W. | W. | N. E. |
| Weather | Clear. | Cl'dy. Rain. | Cl'dy. | Clear | Clear | Clear. | Cl'dy. |
| Depth Rain | | 8-10 | | | | | |
| *Thermometer.* | | | | | | | |
| Minimum | 14° | 23° | 22° | 26° | 23° | 28° | 31° |
| At 8, A M | 26 | 35 | 38 | 38 | 37 | 39 | 45 |
| At 12, M | 38 | 37 | 42 | 47 | 48 | 58 | 54 |
| At 3, P. M | 42 | 39 | 42 | 52 | 49 | 60 | 51 |
| Mean | 30. | 33.50 | 36. | 40.75 | 39.25 | 46.25 | 44.75 |
| *Barometer.* | | | | | | | |
| At 12, M | 30 2 | 30. | 29.8 | 29.9 | 30.1 | 29.9 | 29.9 |

*Germantown, Pa.* B. J. Leedom.

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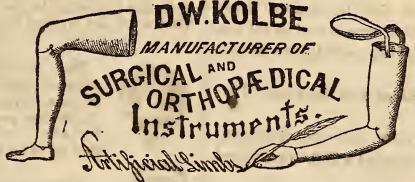


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# GUTTA PERCHA PESSARIES.

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The material is known as non-irritating, from the long use of the watch-spring Ring.

THE GLOBE.

This has been well patronized by the readers of this journal, and many have been the congratulations of its success. It is a light, hollow bulb, readily removable by a short silken cord drawn through a silver-wire staple. By its lightness and slightly yielding when in contact with blood heat, it is retained of a much less size than glass or metal. It ascends mechanically in the vagina, and drives the uterus before. Two inches in diameter. Weighs but ℥ss. Troy.

*Caution.*—Hot water or any other heat above blood heat destroys it. *Price*, $2.00.

CUP.

The bordered cup proves to support the Uterus to its full heights. It produces but a little displacement, its cheapness and almost certain support, renders it the most acceptable of all pessaries. That it is retained in position when of an appropriate size, may well be imagined, since the circumference of the border makes a long groove in the surrounding tissues; and the posterior wall of the vagina presses it against the cervix. The engraving shows the position in which it sets, when it has embraced the cervix normally. The line A represents the axis of the vagina—B a silken tape for removal when it needs cleaning. *Price*, $1.00.

N. B. When the walls of the vagina are completely collapsed, the globe or cup will succeed, after a brief elevation of the uterus with the stem pessary.

STEM CUP.

This is made to set on on any stem contrivances (screw to be 5-8 in. long, and 3-16 in. thick to shoulder plate, 3-8 in. diameter.) This holds the cervix in its normal position, when elevated; not bending, as the straight upward cup or ring does. *Price*, $1.50.

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They are flexible, the same as the watch-spring rings. They may be compressed and tied with a silken tape, as represented in the cut, until in position, and then left to expand. *Price* $1.25.

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These instruments have all the superior finish of this manufactory of watch-spring rings. They stand the open air equal or better than any others. But to avoid fully the heretofore existing trouble with the rings, they can be safely preserved in water when not in use.

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THE

# MEDICAL AND SURGICAL REPORTER.

No. 627.] PHILADELPHIA, MARCH 6, 1869. [Vol. XX.—No. 10.

## Original Department.

## Communications.

### TRANSLATIONS.

From the German, by Dr. M. Pflaum.

1. *The Termination of the Sensible Nerve of the Urinary Bladder. By Stud. Med.*, Joh. Kisselew, *at the University of Charkow.*

Examinations about the relations of the nerve in the mucous membrane of the urinary bladder, which I made last winter session under the direction of Professor Chryonszczewsky, were of the following results:

I. The little nerve trunks of the sub-mucous-membrane send off fine nervous twigs, or more frequently single nerve fibres, which pierce the mucous membrane in different directions, and finally terminate in the following double way:

1. Either the nerve fibres go directly to the deeper epithelial layer, where they change into piriform neuclei containing structures, or

2. They unite in the upper part of the mucous membrane to a horizontally arranged plexus, and from this are eliminated those fibres which unite with the piriform structure.

II. Against the epithelial nature of these piriform structures speaks besides their form the following:

1. In a solution of carmine they get more intensely colored than the neighboring epithelial cells, and

2. They adhere more strongly to the mucous membrane than the common epithelial cells.

III. They are on the contrary of nervous nature, which appears from the following:

1. Chloride of gold gives them, in the same way as to the nerve fibres, a dark brown or even black color, whilst the surrounding connective tissue and the epithelial cells are not at all changed by it.

2. Every one of these structures is anatomically a continuation of the axis cylindre of a nerve fibre. This continuation became evident by the isolated preparations.

IV. Before the junction with these terminal apparatuses, the axis-cylinder often undergoes a dichatomous division.

V. The nerve sheath disappears for the most part, still before the concerned fibre has reached the epithelial layer.

By this examination I availed myself of a solution of carmine, a solution of chloride of gold, and a solution of chronic acid (for isolating.) I also made use of pencil and needle.

*Moveable Bodies in the Blood.* By Dr. K. Bettelheim.

The writer found first in the blood of a patient suffering from hæmorrhagic variola, a rather large quantity of small bodies, partly punctiform, partly rodlike, bustling about like vibrions between the money-rolls, like arranged blood-corpuscles. The same were found by the writer in two cases of typhus exanthematicus, one of echinococcus hepatis, one of intermittens, one of chlorosis, hysteria, syphilis, scarlatina, pneumonia, etc. They were also found, but not in so great a number, in the blood of a considerable number of healthy persons, which had been examined with the greatest caution; altogether, the writer finds blood, in which these bodies are missing, than such, where they are present. He therefore thinks that their pathological importance should not be over-valued.

He observed the following three kinds:

1. Such bodies, which magnified 630 times, steadily appear as punctiform dark bodies, moving about rather briskly in to and fro waving excursions.

2. Very small bodies, just perceptible when magnified 1400 to 1500 times, moving about vigorously.

3. Larger, distinct redlike structures, of the size of half the diameter of a blood-corpuscle or a little smaller; they have a tumescence at the end, which appears as if it were separated from the rest of the little rods by being unstringed. Their motion is plain but slower. It seems, that besides their motion in toto, a wave-like motion goes in themselves.

*The Influence of the Bile on the Salts of Quinine.*
By Dr. Malinin, *of Tiflis.*

When the bile is brought in contact with a solution of sulphate of quinine, a reciprocal decomposition takes effect rapidly, namely: sulphate of soda, and glycocholate of quinine, with an abundance of free glycocholic acid gets formed. The glycocholate of quinine has the appearance of a resinous, thick, tough mass, is insoluble in water and in diluted acids in the usual temperature; but soluble in strong ammonia and in alcohol. It is only very little soluble in a solution of caustic alkali, as when long exposed to its influence a double combination ensues. When boiled with strong acids, especially the sulphuric acid, the quinine is set free again, whereby choloidinic acid seems to be formed; but this set free, quinine deviates in some respects from the common quinine. Under the influence of a saturated solution of the acetate of lead, the quinine of an alcoholic solution of the glycocholate of quinine separates very easily, a precipitate of glycocholate of lead is formed, and the acetate of quinine remains in the solution.

Judging then from the preceding, quinine can only be resorbed in the stomach, and what there of it goes over to the intestines must necessarily be lost, on account of the insoluble combination with the bile; this fact is of great importance with us in the Kaukasus, where quinine is annually used in great quantities for intermittent fever, to the amount of pptr. 40,000 rubles.

### Anæsthetics.

The Dental Hospital and the Odontological Society of London have recently been conducting an extended series of experiments on the value of protoxide of nitrogen, or laughing gas, as an anæsthetic agent. The final conclusions drawn were that protoxide of nitrogen is not useful as an anæsthetic in severe and prolonged surgical operations, but acts well in minor cases. Children, it is stated, are most readily affected by the gas, remain the shortest time anæsthetized, and recover more rapidly than others. The reverse is the case with women.

### Present Mode of Identification of Corpses at the Bellevue Hospital Morgue.

The Warden of Bellevue Hospital has adopted the plan of taking photographs of corpses brought into the Morgue, which allows of a more speedy interment. The number of the grave, with other necessary particulars, is entered in a register, and the photograph preserved for the convenience of inquiring friends and relatives.

# Hospital Reports.

Pennsylvania Hospital, *Philada., Nov.* 18, 1868.

## Clinic of J. M. Da Costa, M. D.

Reported by Dr. Napheys.

### Post Mortem Specimen.

*Intestinal and Pulmonary Phthisis.*—This specimen presents marked lesions connected, as in the case shown at the last clinic (*v.* p. 130), with tubercular disease. It was taken from the body of a man who had been in the hospital for upward of two months. He had the ordinary history of phthisis, and the physical signs were those which indicated marked consolidation and subsequent softening of the lung structure. There was then about that part of the case nothing very unusual. But irrespective of the pulmonary difficulty, there existed throughout a laryngeal affection, (difficulty of swallowing, impaired voice,) and, as a still more marked feature, an intestinal affection which betrayed itself in a slight soreness of the abdomen, and more particularly in a constant, uncontrollable diarrhœa. It will be instructive to ascertain with what states of the intestine this uncontrollable diarrhœa was associated, and also to look at the lung structure.

There is found at the upper lobe of the left lung a large cavity. It is nearly as large as the perfect sac presented by the case examined at the last clinic (*v.* p. 130), but in this respect different, that there is more of lung structure left, and its walls are not so smooth. It is therefore more typical of a tubercular cavity. In the other portions of the lung are to be seen tubercular deposits in which small cavities are beginning to form.

The intestine shows very marked lesions. Peyer's glands are largely ulcerated, there are large ulcers in the colon, and a few ulcers exist in the upper portion of the small intestines. These ulcers are quite significant. They are not ordinary ulcers, but tubercular ulcers. The case is one, therefore, of intestinal phthisis, as well as of lung phthisis. The intestinal symptoms were, of course, uncontrollable, because they depended upon the same kind of deposit, with softening, that proved so destructive in the lung. The general way in which the specific ulceration of the bowel takes place is as follows: The deposition of tubercular matter takes place, not often in the mucous coat, but rather in the submucous coat of the intestines. It raises the

submucous coat, and after a while it extends, or rather the process of ulceration which is set up extends to the mucous coat, and thus breaks through, as it were, into the intestine. Or, again, though this is rare, the ulceration passes from the submucous coat in an outward direction to the periosteum, and even leading to perforation. One of the ulcers here found had almost perforated the peritoneal investment.

A practical point is the manner of distinguishthese ulcers from the ulcers of typhoid fever, for they have in this case affected chiefly the very part affected in that disease. In the ulcers of typhoid fever there is loss of structure, but there is no inflammatory action, hence the edge of the ulcers which is here found closely defined, raised and indurated, does not exist in the lesion of that fever. Moreover, there are to be seen, on looking at one of these ulcers closely, signs of deposit, which cannot be detected in the typhoid fever ulcer.

Tubercular infiltration has also taken place in the mesenteric glands. Of course, with such a state of things, the body could not be nourished.

Every case of diarrhœa in phthisis will not present lesions as marked as this. In bad cases of marked tubercular diathesis, simultaneous tubercular affection of the bowel is apt to occur. Still, a fair proportion of cases of tubercle which have diarrhœa show, after death, simply a little engorgement and thickening here and there, but nothing approaching to true tubercular deposit and ulceration, such as is exhibited in the specimen just examined.

### Displacement of the Liver.

Annie H., æt. 40. Admitted 8th of October; married; has had seven children. She had an attack of bilious fever five years ago, from the effects of which she suffered for seven weeks. Otherwise she had been a healthy woman until about two years since, when she first noticed a dragging pain in the right hypochondrium, which at times was severe and accompanied by vomiting. The pain increased throughout the year, and a slight, hacking cough developed itself. About December, 1860, a gradual subsidence of pain took place. and she noticed a swelling appearing under the ribs on the right side.

The pain had entirely subsided about four weeks before admission, at which time, however, the swelling in the right side had projected down almost to Poupart's ligament, and, according to the patient's account, nearly to the median line, at least she was conscious of its extending so far. At the time the pain disappeared, one similar in character and intensity was developed in the corresponding situation on the left side. This pain has continued to the present time. It certainly was quite marked at the period of admission.

Looking back at this history, we find an attack of bilious fever first, then pain in the right side to a marked degree, lasting for about a year, gradually subsiding, and soon after, a swelling becoming manifest and extending over the whole of the right part of the abdomen anteriorly. There are to be added to this brief statement of the history, the facts that there were signs throughout of irritability of the stomach without pain on swallowing, that the bowels have been disposed to be constipated, that there has never been any dropsy. and that the patient is fond of gin. It is to be further stated, in regard to the abdominal organs, that the patient has been jaundiced, which, she says, occurred only three weeks before admission. She still presents some evidences of jaundice, although it is not nearly so marked as it was ten days ago. With reference to the presence or absence of fever, since she has been in the hospital, the highest temperature has been only 99 4-5 F., which is scarcely to be called a fever temperature. There is no pulmonary or cardiac disease. The urine is loaded with phosphates; sp. gr. 1022; contains a trace merely of albumen, and no casts.

Examining the condition of the patient as she now presents herself, she is seen to be a woman apparently well nourished; with very little yellowness of the skin or of the conjunctiva remaining; with a pulse of about 88; without cough; with good resonance over the chest anteriorly and posteriorly, filling the lungs thoroughly; with respiration distinct, even at the lower portion of the chest; with nothing abnormal about the heart-sounds; and with a very large abdomen.

Is this swelling due to dropsy? There is no fluctuation; the larger mass of it is tympanitic, but there is resistance to the touch and a hard, dense tumor, distinctly perceptible on the right side of the abdomen, extending almost to the median line, and down nearly to the symphysis of the pubis. This tumor is movable to a considerable degree. She states that she sometimes feels it move toward the left side. On passing the hand in under the lower part of the mass, a smooth and distinct outline can be distinctly felt.

What then is this tumor? The question which first naturally occurs is, whether or not the disease here present be an enlarged liver. Or is it a mere abdominal swelling, omental in character? Is it an enlarged kidney? Or, though it be on the right side, is it one of these curious

spleens which go travelling around the abdomen, much to the distress of practitioners, who have to ascertain what they really are? And, supposing it to be an enlarged liver, what particular affection would give rise to a swelling as marked as this?

These are certainly very interesting points to moot. In all cases of abdominal tumor, for such this may be called, roughly speaking, it is impossible to be too careful in diagnosis. The more experienced the physician becomes, the more apparent to him will become the sources of error. A hasty diagnosis in abdominal tumors, is almost sure to lead into mistakes, for in the most careful attempts a certain per centage of error is unavoidable.

Inasmuch as the swelling seems to proceed from the region of the liver, it would be important before settling its nature, to ascertain whether it be the liver or not. Could it be anything else? Yes, it could be the kidney. Dr. Da Costa saw a case not a year ago, in which an enormous tumor, situated just where this is, proved to be an enlarged kidney, and not a diseased liver. When a kidney is displaced, it may be found at any part of the abdomen. But against the supposition of this being a displaced right kidney are the facts, in the first place, that the urinary examination shows very little trouble, merely a trace of albumen, nothing more; in the second place, that this tumor is too large for a displaced kidney; and, in the third place, that it is not movable enough. These points cause a rejection of this supposition. It is true, as has just been stated, that very great enlargement might exist from a displaced kidney, but then there is almost invariably cancerous disease, some cachexia, which is here absent; the woman rather presenting an appearance of health than of disease.

In regard to the question of a splenic origin to the swelling, a diagnosis should never be made in a case of abdominal tumefaction without asking whether this organ be not at fault, for it sometimes makes its appearance where least expected. In this case, on percussing the splenic region proper, dulness is found, which dulness is not continous with that on the right side. This supposition is therefore also rejected.

This might well be an omental tumor. But an omental tumor is generally, almost invariably, associated with marked signs of cachexia, being in its nature mostly cancerous. Sometimes a swelling in the right side is associated with chronic peritonitis, or with the formation of purulent matter. Then, however, marked constitutional phenomena exist, which are here wanting.

Inasmuch, therefore, as the swelling is neither due to the kidney, the spleen nor the omentum, the liver view of its nature is gaining very strongly in probability, even by looking at the other points of the case first. What is noticed here in favor of that view? There is one, and that to be especially observed, as very valuable in diagnosis, namely, that the upper line of percussion dulness descends markedly with deep inspiration, and, at the same time, the lower line descends. The shifting of the percussion dulness is a very strong point in favor of this mass being a liver tumor. Assuming it to be so, a very difficult point remains; what affection of the liver is it? Is it a cancer of the liver which gives rise to enlargement? is it hydatid swelling of the liver? is it merely an enlarged liver in a person whose life has been intemperate, giving rise to a slightly granular, somewhat fatty condition of that organ? or is it no enlargement at all, but simply a displaced liver?

It is found that the appearance here, in a great part, is deceptive. On turning the patient on the side, and percussing on the back, clearness is found to exist over the region of the liver, and the dulness found lower down in front does not exist posteriorly; in other words, the liver does not extend backward as it ought. The upper part of the liver dulness begins lower down anteriorly than usual. Thus, then, this liver tumor turns out to be chiefly a displacement of the liver. It is not meant that it is all displacement, that there is no change in the liver structure, for the history indicates that there is. Moreover, the size of the liver, which is pushed forward and displaced, is such that it must be admitted there is some enlargement of that organ. But this is undoubtedly a case in which an apparently enlarged liver is seen, on accurate percussion, to be chiefly a displaced liver. Before, however, fully coming to this conclusion, there is one point in diagnosis which must not be overlooked. It would be quite possible for this to be a cyst of the liver. As cysts of the liver lead to atrophy of the upper part of the liver, a cyst projecting from the lower part would give the diminution of the percussion dulness at the upper and a large tumor at the lower part, such as is found here. But there is wanting, in this case, a very significant sign, namely, fluctuation, which is present in cysts of the liver. Moreover, on percussing abruptly, vibration of the cyst-contents is apt to be elicited, whereas here the mass is smooth and hard.

This displacement of the liver is an extremely rare affection. It is sometimes met with, though seldom to a marked degree, as the result of tight lacing. In other cases it is due to an effusion between the diaphragm and the upper surface of the liver, to a kind of peri-hepatitis.

Of course it is important to make a diagnosis of an affection of this kind, since it influences the prognosis and treatment. Why this woman has a displaced liver is not easy to determine. The history would rather favor the idea that she had had some inflammation, peri-hepatic, or between the diaphragm and upper surface of the liver, that effusion had taken place, and subsequently an alteration of the ligaments, and that the liver being heavy from previous excess in the use of alcohol, had been dragged down by its weight.

The chief treatment here is a bandage to give her a support, and enable her to get about. Moreover, as there did exist some enlargement and change of structure of the liver in consequence of her habits, and as the secretions of the organ were not free and proper, she has been placed as a steady treatment on light purgatives, and, more particularly, on muriate of ammonia. Under this treatment the jaundice has disappeared, she feels more comfortable, and the character of the stools is much better. She takes 15 grains of muriate of ammonia three times a day. This will be continued for a time longer, and will then be exchanged for small quantities of nitro-muriatic acid. In a little while she will be well enough, with the aid of a bandage, to return to her occupations.

### Temporary Blindness.

Dr. Ebert, of Berlin, mentions four cases of sudden temporary blindness, one in typhus, and three in nephritis scarlatinosa. (*Wiener Med. Wochenschrift*, No. 45, 1868.)

To which we will add one which occurred after a forceps delivery; in which the loss of sight continued for eight hours; and was total during that time. The patient has been delivered with forceps once since, and without the occurrence of the former symptom. She was always myopic. A. A.. H.

### Longevity in Mexico.

It appears that aside from the many casualties which shorten human life in Mexico, other influences are favorable to a good old age. A woman recently died in the City of Mexico, aged 118, and a widow is still living there aged 120, and able to go out. And seven Indian chiefs recently brought as prisoners to Vera Cruz, were aged respectively 64, 68, 80, 92, 93, and 104.

# Medical Societies.

## MEDICAL SOCIETY OF THE STATE OF NEW YORK.*

### Sixty-Second Anniversary.

The Medical Society of the State of New York met, pursuant to statute, in the Common Council Chamber, City Hall, Albany, on the 2d day of February, 1869, at 11 A. M.

The Society was called to order by the President, Dr. J. V. P. Quackenbush, of Albany.

The President announced the following committees:

*Business Committee*—Drs. Sandford Eastman, W. C. Wey, and Odell.

*Committee on Credentials.*—Drs. Saunders, Boulware, and Govan.

*Committee on Medical Ethics.*—Drs. Bibbins, Chubbuck, and Calvin.

*Committee on Receptions.*—Drs March, Heustead, and Van Kleek.

Dr. March, on behalf of Committee on Receptions, introduced the following gentlemen, delegates from other State organizations: Dr. Smalley, from N. H. Medical Society; Drs. O. S. Root and C. T. Collins, from Berkshire Medical Society; Dr. B. H Catlin, from Connecticut State Medical Society; and Dr. W. G. Wheeler, from Massachusetts Medical Society.

Dr. Squibb, on behalf of Committee on Prize Essays, reccommended the award of the Merritt H. Cash Prize to Dr. J. C. Hutchison of Brooklyn, for a paper on acupressure. Adopted.

Dr. Squibb, from the Committee on Pharmacology, made an interesting and elaborate report. Referred to Committee on Publication.

### First Day—Afternoon Session.

The Society met pursuant to adjournment at 3 P. M.

The meeting was called to order by the President.

At the suggestion of the Business Committee the minutes of the meeting were to be read every morning.

Dr. Geo. H. Hubbard, in accordance with the action of the morning, read his eulogy upon Dr. Thomas C. Brinsmade.

### Spontaneous Lithotomy.

Dr. March read a paper, entitled Spontaneous Lithotomy, giving an account of a case in which a large sized vesical calculus was discharged through an ulceration in the perineum.

* Condensed chiefly from *N. Y. Med. Record.*

Dr. Nathan Bozeman next read a very elaborate paper on the certainty of the operation for vesico-vaginal fistula.

*The Importance of Certainty in the Operation of Vesico-vaginal Fistula, and the best means of Securing the greatest success.*

Dr. Bozeman, after stating that the maximum of success was 92 per cent. of all cases consecutively presented for treatment, endeavored to show from statistics the real difference in the results that had been secured with the usual forms of suture now in general use, including the double rows of interrupted silver suture and the button suture.

He said, although the above limit of success had not heretofore been quite reached with his button suture, still he believed it would be with the valuable aid afforded by his late improvement, consisting of a self-retaining speculum and a supporting and confining apparatus. This he said did away with the necessity of assistants, and enabled him now to operate successfully upon a small class of cases previously unmanageable. The most obvious results from those improvements, however, he thought would be seen in the diminution of the number of operations actually required, and of the consequent suffering of the patient.

In support of his statements, he then narrated five cases presenting seven fistulous openings, one a vesico uterine, all of which had been cured at six operations, since the adoption of the two improvements above made. The size of the fistula and the peculiar adaptation of his suture required in each of these cases, he illustrated with models made of buckskin and the same buttons that had been used.

After summing up the results of these operations he called attention to the great value of the *linen list* which he had used a number of years as a means of diagnosis in cases presenting fistules so small as to escape the closest search with the probe, especially those opening into the cervical canal known as *vesico-uterine*. He also called attention to cases of fistule complicated with laceration of the anterior lip of the cervix uteri, and showed the importance of the procedure first adopted by him in their management.

His classification of fistules, which is an extension of that of Velpeau, he still thinks is preferable to any other that has been proposed, it being considered more in harmony with the anatomical peculiarities of the parts involved and the modifications required in his suture apparatus to suit individual cases.

Second Day—Morning Session.

The Society was called to order by the President, and prayer was offered by the Rev. Mr. Hackman.

The minutes of the first day's sessions were read and approved.

Dr. E. R. Squibb presented a biographical sketch of Dr. Dewitt C. Enos, of Brooklyn. Referred to the Committee on Publication.

Dr. R. Newman, as Chairman of Committee on Consanguineous Marriages, made a report, which was received with thanks by the Society.

Glaucoma.

Dr. Henry D. Noyes, of N. Y., made some very interesting remarks upon the subject of glaucoma. He stated that the disease was more common in females than males, generally occurred in persons of a gouty or rheumatic diathesis, and in those past the age of forty. The general symptoms of glaucoma simplex, which was the first form to be considered, were pretty well marked, and consisted in some pain in and around the eye, floating specks upon the field of vision, with a few phosphorescent appearances. As it generally occurs about the time for commencing the use of glasses, it is generally noticed that these require to be stronger than usual. There is also sluggishness of the pupil; but the most important external condition is a more or less well-marked hardnss of the eye-ball to the touch, due to intra-ocular pressure from accumulation of fluid contents. Indirect or lateral vision becomes diminished, usually commencing upon the nasal side. The vessels of the exterior of the eye are somewhat tinged, the cornea is more or less insensible, and the iris has a muddy appearance. If an inflammatory element, acute or subacute, is superadded to this condition, the symptoms are proportionately exaggerated, and the course of the disease more rapid.

Ophthalmoscopic examination showed a sharp and abrupt depression of the optic disc, with pulsation and interruption of vessels at the surface and edge of the nerve.

The principal causes recognized were divided into two classes. 1. Those referring to a diseased condition of the sclerotic, similar to arterial atheroma; and, 2. To irritation in some portion of the fifth pair of nerves. He remarked, in this latter connection, that experiment had proved that irritation of the trifacial had the peculiar property of inducing a hyper-secretion of the fluids of the eye-ball.

The prognosis of the disease was always bad,

leading to a disintegration of the external tunica, except when an operation was made with the view of diminishing the internal pressure.

The operation advised in all the curable stages was iridectomy, performed through the sclerotic, as near as possible to the point of the origin of the iris. The incision was recommended to be large enough to occupy from one-fifth to one-sixth of the circumference of the iris. There was sometimes—on account of the relative displacement of the parts by the internal pressure—considerable difficulty in introducing the ordinary lance knife, in which cases he recommended the employment of a staight, narrow knife.

In very acute cases of inflammatory glaucoma, advised paracentesis of the eye, in accordance with Hancock's method; and for cases in which absolute blindness existed, extirpation of the eye was considered the *sine quâ non*.

The advantages of iridectomy were, in his opinion, due very greatly to the permanent relief to internal pressure by the substitution of an elastic cicatrix in the place where it is most needed.

Dr. J. C. Hutchison, of Brooklyn, next read his prize essay on Acupressure, setting forth the great advantages of arrest of hæmorrhage by that means, describing the different methods, and exhibiting, by drawings, the direct effects of the needles upon the vessels.

### Second Day—Afternoon Session.

The President called the Society to order at the proper time, after which he added Dr. J. S. Mosher to the committee appointed last year on so much of the President's address as related to the legislative action on abortion. The committee now consists of Drs. Banks, Rochester, Lansing and Mosher.

Dr. Miner, of Buffalo, reported by invitation, a case of aneurism of the femoral and lower portion of the external iliac artery. The patient was admitted to the Buffalo General Hospital; was 33 years old; otherwise healthy. Tumor had been of three months' standing, was the size of the closed hand, the anterior surface being irregular in outline, and apparently so very thin as to be liable at any time to give way entirely. All other modes of treatment being considered inapplicable, the external iliac was ligatured in the usual way at its middle part, without delay or embarrassment, in presence of the class in the Buffalo Medical College, and nearly the entire medical profession of Buffalo. No unpleasant symptoms followed; the ligature separated from the vessel on the twenty-third day after operation, and at the present time the patient may be reported as cured, so far at least as this operation is concerned. About the time of the separation of the ligature, aneurism was noticed to be developing in the artery of the opposite side in exactly the same part of the vessel.

### Faulty Diagnosis, etc.

Dr. Thomas Addis Emmet, of New York, reported the following case:

I beg leave to engage the attention of the Society for a few moments in the relation of a case, instructive from a false diagnosis, and of interest from its pathological character.

In November last, a female, aged twenty-nine, was admitted to the Woman's Hospital. She had given birth to her first child without complication, and remained in good health until some five years since, when she was delivered of twins, by a somewhat tedious but natural labor. Shortly afterward she consulted an eminent physician of New York, for the relief of a feeling of discomfort experienced whenever she assumed the upright position. Her difficulty was recognized as due to the existence of a fibrous tumor on the posterior wall of the uterus, and to its presence was attributed her previous tedious labor. Some two years afterward she gave birth to her last child by a natural labor, but one equally as tedious as the preceding one. Her recovery was slow, and she was confined to her bed for six weeks before she regained her strength. On resuming her household duties she became conscious that her local difficulties had increased, with, for the first time, a constant irritation of the bladder, aggravated whenever she stood on her feet for a short time. Three years ago she sought the advice of another physician, equally skilled, who confirmed the previous diagnosis. While her general health remained good, the irritation of the bladder gradually increased, until she came under my observation. I found a cystocele existing, which presented at the labia, and due to the crowding forward of an enlarged uterus toward the pubes, which was partially retroverted from a large nodulated fibrous tumor on its posterior wall. By placing the forefinger of one hand in the vagina, and with the aid of the other over the relaxed walls of the abdomen, I was able, with but little difficulty, to antevert the uterus without pain. As I elevated the cervix on the point of my finger while the fundus was thrown forward against the pubes, I pointed out to several of the gentlemen connected with the institution, with what facility the size and relation of the tumor

to the uterus could be mapped out through the abdominal wall.

December 1st, I operated for the relief of the cystocele, by turning in the excess of tissues and bringing together the denuded surfaces with interrupted silver sutures, as in the operation for procidentia uteri. By this means the vagina was restored to its original size, and a firm support given to the bladder. On the eleventh day the sutures were removed, and the line of union was found perfect, with the exception of half an inch near the neck of the bladder, where several sutures had torn out. In a few days she sat up without having had a bad symptom, but did not regain her strength rapidly. She was, however, entirely relieved of all irritation of the bladder, and considered herself cured.

On Friday, January 22d, last, I closed, with four sutures, in a few moments, and without ether, the small opening, as a portion of the tissue turned in protruded, and I feared that this might cause the whole line gradually to separate. Nothing unusual occurred in her condition until Sunday afternoon, when she had a slight movement from the bowels, which was exceedingly offensive. Shortly afterward, the expression of the patient's face indicated the fact that some trouble was brewing, but without the existence of any indicative symptoms elsewhere. The pulse was 95 per minute, with the skin and tongue in a normal condition, and the abdomen was found free from tenderness on pressure.

No change took place until five o'clock Monday afternoon, when suddenly she had two copious and fetid evacuations per rectum. The pulse rose rapidly to 170, the tongue was soon dry, the body covered with a clammy sweat, and she sank into a profound collapse. By means of stimulants, heat to the extremities, and with constant friction to the surface of the body, continued during the night, she partially rallied. During Tuesday her condition improved somewhat, but about seven P. M., she had another large evacuation of offensive pus from the bowels. She sank rapidly, and died shortly afterward.

The following morning a post-mortem examination was made. On opening the abdomen the peritoneum was found in a healthy condition. The supposed fibrous tumor proved to have been a large abscess, with several smaller ones in connection, between the peritoneum and uterus, several of which had opened into the rectum. These abscesses were encysted within a common sac, and free from adhesions above, except at one point, to a portion of the small intestine, in the separating of which for removal, the large sac was entered. The other adhesions extended along the bottom of the cul de sac, from the uterus to the rectum. Some thickening of the left broad ligament had resulted from a previous attack, but the surrounding tissues were entirely free from any appearance of recent inflammation. The other organs were in a healthy condition; the brain was not examined.

In regard to the diagnosis, I fear that I would be liable to fall into error in a similar case, presenting no previous history more to the point, with the patient in good health, the uterus somewhat enlarged, and with menstruation more profuse than natural. The absence of fluctuation was due to the density of the outer cyst, while the mobility of the uterus, the mass in connection with it, and its nodulated surface, added greatly to the deception. My diagnosis was made after a careful examination, and without any knowledge whatever of the opinions which had previously been given in her case. In fact, I did not learn until after her death, that she had consulted these gentlemen; and did so from her friends, in the endeavor to trace her previous history in regard to the formation of the abscesses.

In recapitulation, the point of interest in her case lies in the fact that she had been a healthy woman, attending to her daily duties for at least three years previous to admission, suffering during that time from no inconvenience beyond that to be attributed to the existence of the cystocele, which was entirely relieved by the operation. She dated the beginning of her troubles to the birth of twins five years ago; and to the fibrous tumor, detected shortly afterward, it was thought her tedious labor was due. Her difficult labor two years afterward would be naturally explained by the presence of the mass behind the uterus, which was also pronounced at this time a fibrous tumor. Since that time, during three years previous to my first examination, the irritability of the bladder was constant, except while in the recumbent position. The inference is therefore a natural one, that a mass had existed behind the uterus for at least five years. The question as to its character at once presents itself—either these abscesses formed after labor, or they were a result of the breaking down of a fibrous tumor, producing no constitutional disturbance or recognized local inflammation. From my examination of the specimen, my impression is that they were primary abscesses, for I am not aware that such a change taking place in a fibrous tumor has been placed on record, except as the result of violence. It is a point, however, which I

must leave to be determined by the patholcgists.

Officers for the ensuing Year.

*President*—Dr. James P. White, of Buffalo.

*Vice-President*—Dr. George Burr, of Binghamton.

*Secretary*—Dr. Wm. H. Bailey, of Albany.

*Treasurer*—Dr. John V. Lansing, of Albany.

At its adjournment the Society agreed to meet the first Tuesday in February, 1870.

# Editorial Department.

## Periscope.

### Alcoholism.

Dr. T. Kennard, of St. Louis, has an article on this topic in the *Med. Archives*. He calls attention to the fact now admitted by many able writers and practitioners, that delirium tremens is not as some still believe, always or necessarily due to the sudden withdrawal of the accustomed amount of stimulus, for some of the very worst and most unmanageable cases come on during a protracted debauch. Also that in many of the most desperate cases an absolute and sudden withdrawal of all alcoholic stimulants is necessary to enable the stomach to retain anything, either in the way of food or medicine, and its withdrawal in such cases is a *sine qua non*, before any rational treatment can be instituted.

Rest, with the complete avoidance of alcoholic stimulus is the first rational indication in the most acute cases, because the abuse of drink must have been indulged in sufficiently long to have weakened the brain and deranged its proper function, and then an excess or overdose be taken before *mania à potû* could be produced.

We understand now much more thoroughly than in former days, the action of alcohol upon the human organism, because its effects have been thoroughly and accurately studied in the chronic as well as the acute forms of alcoholism. We no longer consider it a true stimulus to the nervous system under all circumstances, for when taken in sufficient quantities at one dose, or in frequently repeated doses, it acts as a narcotic poison and anæsthetic like chloroform and ether, and when taken in still greater excess it destroys the nervous power and produces paralysis. When taken in moderate quantity and not too often repeated, it acts as a restorative stimulant and increases nervous action.

Some authors state that the introduction of large proportions of alcohol into the blood prevents it from absorbing oxygen freely, and thus unfits it for exciting nervous action.

Whatever may be the exact nature of the deleterious agent in alcohol acting upon the human organism, we know that it affects different individuals in very different degrees, but always by deranging the functions of the nervous system.

Some persons are injured by it in even the smallest quantities, some are rapidly poisoned by its abuse, whilst others are very slow to experience its baneful effects. It creeps upon them slowly and unconsciously, and its temporary soothing or exhilarating effect deludes its victims with the belief that it is the deficiency and not the excess of amount taken which gives rise to all the miserable symptoms of chronic alcoholism. This delusion leads them to greater and greater excesses, until it induces violent paroxysms of mania, or convulsions, or tremors, or that most distressing and uninterrupted state of suffering, designated very correctly as chronic alcoholism, which is so difficult to overcome, and in many instances clings to its victim until its hold is released by death.

It commences with derangement of the stomach, and an unusual wakefulness and restlessness, a constant turning from side to side in bed, endeavoring to secure an easy position and sleep, giddiness or vertigo comes on unexpectedly, especially on rising suddenly from the pillow; very unconnected, foolish, and it may be disagreeable dreams, a sort of semi-consciousness of dreaming, combined with a total inability to prevent or overcome it; trembling and want of prompt coördination of muscular movements, causing slowness, unsteadiness and weakness in mental and muscular action when not stimulated to excess, combined with headache and sometimes oppressed breathing, and it continues to poison the blood and derange the functions of the nervous system, until it reduces the most intelligent man to the degraded and pitiable condition of a confirmed sot, when, struggling against his infirmities and misfortunes, he finds fastened upon him an incorrigible habit, an indomitable infirmity, and looks forward to death as his greatest boon and only relief from suffering.

The opinions formerly entertained and universally taught—that most cases of mania à potû were produced by the sudden withdrawal of the usual amount of stimulants from persons in the habit of using alcoholic drinks to an excess was corroborated by the fact, that very many persons had ceased to take their accustomed amount of

liquor for a day or two prior to the manifestation of the usual symptoms of acute alcoholism, and this abstinence from drink and outbreak of the disease, instead of being attributed to its proper cause—a complete disgust for and inability to take alcohol, from the gastric and general nervous irritation it had already produced—was thought to be owing entirely to the withdrawal of the habitual and consequently necessary amount of stimulus required to keep the machine in running order.

As to the most appropriate treatment for delirium tremens, all that we can say is that each case must be managed according to the symptoms it presents.

We must driscriminate between the *true cases of mania à potû*, where there is hyperæmia, congestion of the brain, and hyper-excitation of the nervous system, especially the cerebro-spinal centres, and the other class of cases, more correctly designated *tremors*, or *delirium tremens*, where an exactly opposite condition of the brain exists, where there is anæmia and *dementia*, instead of acute mania from the effects of alcoholism, and where we require food, stimulants and opiates, as beef tea, milk punch, brandy, chloroform, or capsicum with opium, instead of depletion, depressants, digitalis, tartar-emetic, and the external application of cold. In many cases where delirium is not well developed, but the trembling, nervousness, restlessness and timidity is marked, I have obtained great benefit from the use of elixir of valerianate of ammonia—a very pleasant and agreeable remedy, as prepared by Howell & Onderdonk, of New York.

We must not stimulate—continue adding fuel to the flame, and poison to the blood—unless the prostration evidently demands it. Nor should we determine to force sleep by opiates, at all hazards, for many times we will only increase the delirium and wakefulness by our efforts, and may induce a state of coma unexpectedly, and cause the death of our patient. Neither will capsicum, chloroform, or digitalis cure every case, though each remedy has its proper place. I use any of these remedies when I think the symptoms demand it, but generally endeavor to tax the stomach with drugs as little as possible, and try first and all the time, what absolute quiet in a dark room will accomplish, with a good warm nutritious fluid diet—milk and beef tea, with bromide of potash, combined with digitalis or hyoscyamus, as the case may require.

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### On the Preparation of Oxygen for purposes of Inhalation.

Dr. Andrew H. Smith communicates to the *N. Y. Medical Record* the following process for obtaining oxygen:

"With the proper precautions a pure gas can be obtained, and with even a small apparatus, from 3000 to 4000 cubic inches per hour may may be easily generated at the bedside. The apparatus which I use consists of a copper flask holding about a pint, a Bunsen's burner, a small wash-bottle, and a four gallon india-rubber bag provided with two tubes, one for connecting it with the wash-bottle, and the other for inhaling. This arrangement admits of the generation of the gas at the same time that it is inhaled. The whole apparatus can be packed in a box a foot square and six inches deep.

"The chlorate of potash should first be fused, in order to expel the water of crystallization. With care this can be done without any considerable loss of oxygen, and it facilitates greatly the subsequent liberation of the gas. For this purpose I use an iron vessel heated by a gas furnace.

"The potash should be exposed to the heat until the whole quantity is melted, when it should be poured into a large shallow iron or tin vessel to cool. While in this fused state it should be handled with extreme care, as it unites with fearful energy with any combustible with which it may come in contact. An accident by which the vessel containing a considerable quantity should be overturned upon the floor would almost inevitably result in a conflagration, while a drop of it falling upon the hand would case actual ignition of the tissues.

"By mixing with the fused and pulverized chlorate of potash about one-fourth of its weight of peroxide of manganese, the oxygen will be given off much more evenly, and at a much lower temperature than when the chlorate is used alone. The office of the manganese is merely to diffuse the heat through the chlorate of potash, so that the whole mass may be acted upon at once. It undergoes no chemical change, unless to lose a portion of its oxygen, if the temperature be sufficiently high. Any other good conductor of heat which will not further oxydize and will not be sublimed, will answer as well. These conditions are united in the black oxyde of copper, but its expensiveness is a serious obstacle to its use. It has this advantage, however, that when it is employed the wash-bottle, to be mentioned in the next paragraph, may be dis-

pensed with, any free chlorine being taken up by a few bits of caustic potash dropped into the copper flask, or, still better, fused originally with the chlorate of potash. This cannot be done when manganese is used, as a manganate of potash results, which defeats the object.

"When the evolution of the ogygen is very rapid, a small amount of chlorine is given off and mixes with it. This is removed by passing the gas through a strong solution of caustic potash contained in a wash-bottle. The lower end of the delivery-tube is pierced with numerous small holes, through which the gas escapes into the solution in fine bubbles, thus insuring intimate contact with the fluid and the complete removal of all that is absorbable. If crystallized chlorate is used, there is apt to be a certain amount of carbonic acid given off, owing to an admixture of carbonate of potash with the chlorate. This will also be taken up by the caustic solution in the wash-bottle. If fused chlorate is used, the carbonic acid will have been already expelled.

"By this process rather more than one cubic inch of oxygen is obtained for each grain of crystallized chlorate of potash employed. After a little experience in its use, the practitioner will find no difficulty in supplying at the bedside all the gas which his patient may require."

### The Alleged Increase of Lunacy.

Dr. C. Lockhart Robertson, says the *Brit. Med. Journal*, in a paper read lately before the Medico-Psychological Association, states that in 1844 there were 20,611 lunatics in England and Wales, or 1 in 802 of the population. In 1868, this number had risen to 50,118, or 1 in 432 of the population. The statistics of lunacy in France showed a similar increase in the total number of the insane, having risen from 1 in 796 of the population to 1 in 444 between 1851 and 1861. Dr. Robertson argued that this apparent increase was simply the result of more accurate registration of the insane, and the consequence of the opening of the county asylums; and that all recent lunacy legislation tended directly to increase their recorded numbers. In examining the question at issue statistically, Dr. Robertson confined his observations chiefly to the numbers of the insane in asylums, and showed that the annual increase observed had been in a decreasing ratio, passing in quinquennial periods, since 1844, from an annual rate of increase of 5.6 per cent. to one of 3.8 per cent. in 1867. He showed that the same result followed in France; and he argued that this increase only represented the difference between the yearly admissions and the discharges and deaths. Among the private lunatics, there is a decrease during the decennium 1857—'67, despite the increasing population of the country. The proportion of pauper lunatics to the population also remained nearly stationary, being .016 in 1857, and .019 in 1867. Tested by the admissions into the asylums during the same period (1857—'67), the rate of increase is also in a yearly decreasing ratio, falling from 11.7 per cent. to an annual average of 3 per cent. From these facts, which were enforced by many elaborate statistical tables, Dr. Robertson deduced that the alleged increase of lunacy is a fallacy, and not borne out by the experience of the last decennium, 1857–'67. The same may be the case in this country, where, it is said, insanity is on the increase.

### Syphilis Treated without Mercury.

A physician writes to the *Brit. Med. Journal:*

On visiting the hospitals in London and Edinburgh this autumn, I had opportunity to hear the opinions of the English and Scottish doctors regarding the treatment of syphilis; and, with very few exceptions, they are still using mercury as an universal treatment of syphilis. For this cause I feel desirous to inform you that the use of mercury, as an universal remedy against syphilis, is rejected, and, for the most part, abandoned by the whole Norwegian faculty, as an obnoxious remedy in the treatment of syphilis. This conviction we have gained by the most exact and scientific examinations, having an experience of almost twenty years, during which time the treatment of syphilis without mercury has been successfully performed. We do not need, I fancy, a more sufficient argument than the fact, that after the employment of this drug in syphilis has been abandoned, such severe forms of the disease as carious affections of the bone, phagedenic ulcers, paralysis, mental affections, etc., very rarely have manifested themselves; and even when they have, it has been recognized that these had generally been the consequence of mercury used in a past epoch.

A very intelligent and skilful Norwegian syphilographer, Dr. Owre, has collected statistics of about one hundred cases from the last three or four years; these he has treated without any universal remedy, solely by treatment of the symptoms, and he has not yet been obliged to prescribe mercury for any local syphilitic affection, nor for iritis, nor for laryngitis, etc. These recovered altogether only by treatment of the

symptoms, without any particle of mercury. In July last he read a paper to the Norwegian Medical Society, pointing out his statistics, and the success of his treatment, which is as good, and for many reasons far better than that of the treatment with mercury.

My opinion is, that syphilis is a disease having a cyclic course, like variola and vaccinia, and it requires merely time, never mercury, to pass through the different degrees, and in most cases end in recovery. I quite agree with Dr. Charles Drysdale, in saying, "that the chief point in the treatment of that sad plague of our race, syphilis, is first to get rid of mercury."

I should wish to have been able to refer to some cases explaining this view, and showing the success of the treatment of Dr. Owre; but at present I have not the necessary material with me. I hope meanwhile that I shall have opportunity afterward to hand you a more instructive and complete report.

Christian Kiönig, M. D.,
From Fredrikstad, Norway.

### Economy in Drugs.

The following circular has been issued from the British Army Medical Department, and has caused great dissatisfaction among the British medical officers, we think justly.

"Sir.—1. It having been represented by several principal medical officers and others, that there is undue expenditures of medicines, surgical materials, and dispensary sundries used in army hospitals, medical officers in charge will be good enough to personally supervise the issues under these heads.—2. At the periodical inspections principal medical officers will minutely examine the prescription books to see that all articles used in the hospital, or issued to patients out of hospital, have been duly and properly entered, that the persons so prescribed for are entitled by the regulations to medical aid at the public expense, and that the totals of the ingredients in the prescriptions correspond with the quantities expended from the surgery stores. For this purpose detailed abstracts of the prescriptions written in the intervals of the inspections should be prepared by the hospital sergeant, and verified by the medical officers in charge.—3. Principal medical officers are required to see that, where less expensive preparations are so efficacious, and as suitable as more expensive articles, the cheaper remedy is employed.—4. In forwarding returns of medicines, etc., the medical officer in charge will personally examine the same, verifying the quantities in the columns 'expended' and 'remaining,' with the expenditure according to the prescription books, and for the quantities actually remaining on hand; and the principal medical officer will, at the next inspection, satisfy himself that this has been done.—5. Before approving a requisition for a further supply, the principal medical officer will take steps to ascertain that there is no undue accumulation of any article in store, and that each item indented for will probably be required in the quantity demanded."

### Urinary Calculus, the Nucleus being a Needle Four Inches long.

Dr. Brennan related the following case at a meeting of the St. Louis Medical Society, (*Med. Archives,*) which he met with in the Sister's Hospital several years ago:

Mrs. H. was admitted June 1, 1866, complaining of incontinence of urine and severe pain during urination, for the relief of which diuretics and demulcents were prescribed.

On the third day, there being no improvement, and being unable to account for the symptoms, an examination was made in the presence of several medical gentlemen in the city, and in attempting to introduce a catheter, a calculus was discovered in the urethra, just anterior to the bladder, and extracted with the ordinary dressing forceps.

On examination, it was found to be a needle four inches long, and as thick as an ordinary knitting needle. It was entirely coated with a calculous formation, and on the end which had been in the urethra there was a calculus about the size of a hazle nut.

The woman stated that it must have been in that situation for seven years, as she had more or less pain and inability to retain her urine during that time, but that she had not suffered so much until the last year.

She professed to have no knowledge of the time or manner in which it came there.

## Reviews and Book Notices.

### NOTES ON BOOKS.

"Hurried to Death." This is the expressive title of a medical tract by Surgeon Alfred Haviland, of London, in which he gives "A Few Words of Advice on the Danger of Hurry and Excitement, especially addressed to Railway Travellers." The author points out the particular circumstances, chiefly diseases of the heart, or a

full stomach, which render the sudden exertion of hurrying to be in time for the train fatal in some cases, and seriously damaging to the weakened organs in others. Cases are adduced in confirmation of the positions laid down.

The third volume of Owen's Anatomy, lately published by J. B. Lippincott & Co., completes the work. The first volume treats of fishes and reptiles; the second, of Birds and Mammals; and the third, of Mammals, including Man. The three volumes contain nearly fifteen hundred illustrations, with copious indexes; and the entire work forms perhaps the most thorough and elaborate work on "The Vertebrates" which has ever been issued.

Among the new books supplied by Scribner, Welford & Co., New York, is the splendid work of Mrs. Somerville, "On Molecular and Microscopic Science." It contains one hundred and eighty-five illustrations from microscopic objects. Mrs. Somerville ranks foremost among the scientific women of the age, and her almost marvellous power of rendering abstruse studies fascinating to the common mind is so well recognized that the reader may well anticipate the pleasure awaiting the perusal of her treatise on the wonders revealed by the micrsscope.

One hundred and sixty-three books on medicine and surgery issued from the British press last year.

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**Treatise on Diseases of the Ear, including the Anatomy of the Organ.** By Anton Von Troltsch, M. D., Prof. in the University of Wurzburg, Bavaria. Translated and Edited by D. B. St. John Roosa, M.A., M.D., Clinical Prof. of Diseases of the Eye and Ear in the University of New York, Surgeon to the Brooklyn Eye and Ear Hospital, etc., etc. Second American, from the Fourth German Edition. Pp. 566. New York: Wm. Wood & Co. 1869. *Price*, $0.00.

This new edition of a well-known and favorite work comes to us very opportunely. It has long been called for, and its appearance will be welcomed by our readers. It is essentially a new book, and numerous additions and illustrations of great value have been made by the American editor, who is well known as one of our most accomplished aural and ophthalmic surgeons. Indeed, Dr. Roosa scarce does himself justice in appearing as the usher of an author who is not one whit his superior in ability or attainments. We hope, ere long, to announce his name as *author* of works on Diseases of the Eye and Ear. In the meantime, let our readers avail themselves of what he offers—and there is a good deal of it—in this work on Diseases of the Ear. The publishers have done their part of the work well. The paper is good, and the type clear and readable.

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**Pennsylvania Hospital Reports. Vol. II. 1869.** Philadelphia: Lindsay & Blakiston. 1 vol., cloth, 8vo., pp. 320. *Price*, $5.00.

The second volume of these valuable Reports is fully equal to the first, both in the variety and character of the articles it contains. Among those on medical topics, we may mention as of peculiar interest that by Dr. J. M. Da Costa, on the treatment of acute rheumatism, by bromide of ammonium, (which promises to be a valuable remedy in such cases, especially in the control it exerts on the cardiac complications); that by Dr. J. H. Hutchinson, on the hypodermic injection of sulphate of morphia in the treatment of sunstroke, a plan that certainly succeeded very well in the hospital last summer; and a history of two cases of cerebritis, one traumatic, the other from some cause unknown, successfully treated by depletion, by Dr. J. F. Meigs. The interesting physiological investigations of Dr. J. G. Richardson, on the identity of the white corpuscles of the blood with the salivary, pus, and mucous corpuscles, have already been referred to in this journal.

In the domain of surgery the volume is unusually rich. Dr. A. Hewson is the author of two contributions; one giving a number of curious facts in relation to the influence of the weather over the results of surgical operations, and the value of the barometer as a guide in choosing the time for them, and forecasting their results; the other on a new method of making topical applications in the urethra, bladder, and uterus, the method being somewhat similar in plan to Thudichum's nasal douche.

There is also a practical paper from Dr. J. H. Packard, on the treatment of fractures; one on a new application of paper as a surgical dressing, by Dr. D. H. Agnew; one on a fatal case of chorea consequent on fracture of the humerus, by Dr. W. E. Hunt; a statistical account of cases of urinary calculi operated on in the Pennsylvania Hospital from 1756 to 1868, by Dr. T. G. Morton; a review of the treatment of oblique fracture of the clavicle, by Dr. E. Hartshorne; and a number of other articles.

The paper, illustrations, print, and binding, are all well done, and the Reports, in all respects, merit a wide circulation.

Medical and Surgical Reporter.

PHILADELPHIA, MARCH 6, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

## VITAL STATISTICS.

The notorious defects in the method of registering vital statistics in this city has lately been severely and justly commented on by the *Public Ledger*. It remarks that the annual report of the Registration Department of the Board of Health, puporting to give the number of births, marriages and deaths in the city of Philadelphia, has just been made, and a portion of the figures have been published. The births are reported to be 17,259, the marriages 6371, and the deaths 14,693.

These figures it thinks are nearly or quite fifty per cent. below the probable figure. This defect in the report is laid by the Health Officer at the door of the doctors, who do not obey, as he says, the requirements of the law. They are undoubtedly much in fault, but their shortcomings must be shared partly by the officer whose duty it is to see that the law is properly executed.

This is a huge error, if error it is. In order to show its existence these statistics are compared with others. For instance the English vitality statistics show that there are *five* births for every *three* deaths. But in our city, according to the registration, we have for every three deaths but about three and six-tenths births. Assuming that the return of deaths in Philadelphia, in 1868, is approximately correct, as given in the report (and it must be nearly accurate because interment cannot be procured unless the death is regularly reported), and taking the English ratio for calculation, there must have been at least 23,979 births in the city of Philadelphia during the year 1868. This would leave the registration 6720 short of the full number.

We are glad to see the public papers taking up this point and impressing on all concerned the importance of observing the duties imposed by the Registration laws. These records can be made of the greatest value, and particularly in the controversies which constantly arise as to the inheritance of property. In such cases the public register might, and ought to be, enabled to furnish every particular of birth, marriage and death, when every other possibility of such proof is inaccessible. They should, besides, be made to teach the public invaluable lessons on the subject of healthy and unhealthy quarters of the city, and concessive mortality that results from over-crowding, filth and squalor in the parts of the city where these characteristics abound.

While upon this subject we may mention that the State Medical Society of Kentucky has petitioned the Legislature of that State to re-enact the law providing for the registration of births, marriages and deaths. It urges that there is one peculiar and forcible reason why registration records should be kept in Kentucky, which does not exist in most countries. There are in the State two races, two distinct populations, wholly separated from each other physically, morally and intellectually. The relations which have hitherto existed between them are now dissolved, and new relations are established in their stead, where two races which cannot intermarry are thrown together under one government, it is the tendency of the inferior race to decline in vigor and numbers, and ultimately to become extinct. But while this rule may apply here, as in former cases, it is a point of great value and interest to study its practical operation; in former registration reports there were only two sets of tables, one for whites, and the other for blacks. It is the opinion of the Committee that in future reports an effort should be made to draw up a third set of tables for the benefit of mulattoes. Perfect accuracy could not be attained here, for under this head, every shade of color and degree of intermixture from the mulatto to the octaroon, would be reported, but the general statistical history of the mixed race would be known.

To sum up the whole question in a few words, the Committee in behalf of the Kentucky State Medical Society urges upon the Legislature the re-enactment of the registration law:

1st. Because the maintenance of an accurate general record of births is essential, in many cases, to prove legitimacy and to insure the just inheritance of property.

2d. Because questions arising out of matrimonial law-suits, such as disputes about the right of dower and the punishment of certain crimes,

can often only be properly settled by reference to State records; and

3d. Because State economy and sanitary medicine absolutely requir annuale mortuary tables—the former for its present good, and the latter for its scientific progress.

It is to be hoped that the Legislature will pass the required law.

## FEES FOR LIFE INSURANCE EXAMINATIONS.

We are glad that this subject is being taken up in earnest by a prominent western medical society. From a short pamphlet sent us, we learn that at a meeting of the Wayne County Medical Society, held in Detroit, on Wednesday, January 6, 1869, a report of a committee appointed to fix a rate of compensation for examining applicants for life insurance was adopted, a portion of which reads as follows:

Life insurance companies are now paying for examinations which inform them of the standard of health of the person they propose to insure, the sum of from two to three dollars. No difference is made, whether the risk be for one hundred dollars or twenty thousand. The agent may make his three to five hundred dollars on the amount insured. The officers have high salaries, and the stockholders large and frequent dividends, but the miserable pittance paid the physician is considered a large fee. The profession have themselves to blame only for this state of affairs, and to remedy this is the object of this report. A united effort is only necessary.

In certifying to the health of the applicant for life insurance by his usual medical attendant without fee, except as obtained from the applicant, a great hardship has been thrown on the profession, without the least consideration of the relation of medical adviser and patient. We are, with surprising coolness, asked to betray that which has been confidentially placed in our charge, and so deprive our patrons of the advantages of life assurance, or to falsify our statements to the interrogatories put, in order that he may be insured, and even then are told the company does not pay, but the applicant should. He does it with pleasure if insured, but is indignant at the charges if rejected by his physician's statement, and of course refuses the bill.

How, then, are the profession to remedy and protect themselves against this imposition?

1st. By refusing to give any such certificate unless with the verbal or written assent of the person to be insured.

2d. By refusing such certificate until the payment of a fee of not less than *three dollars*, if it can be given in the office of the attending physician, and if a visit to the residence of the applicant be necessary, then a further fee of *two dollars* be added, and the whole to be paid by the assurance company.

In making these demands the medical profession require nothing but what is just, and what every life insurance company can easily and readily pay. They ask nothing more than a united effort will necessarily receive and speedily accomplish. They therefore recommend the adoption of the following resolutions:

*Resolved*, That the fee for examination for life insurance companies shall be the sum of *four dollars* for each and every primary examination.

*Resolved*, That we will not give a certificate as "family physician," without the verbal or written assent of the person to be insured, and even then reserving the right to withhold the same, if for the interest of the family of the applicant.

*Resolved*, That the fee for such certificates shall not be less than *three dollars*, if the blanks can be filled in the physician's office; and if further labor be entailed, a further fee of *two dollars* be added, the whole to be paid by the insurance company.

The matter is to be brought before the next meeting of the Michigan State Medical Society, in order to insure united action in the profession, and we hope the initiative thus taken will be widely followed. The underpaid and overworked profession of medicine must look to its own interests in this matter, for assuredly, if it does not, it will lose some of the little reputation it still has.

## MODERN HOMŒOPATHY.

It is only rarely that we have room for reports from our homœopathic brethren. But we do give place with pleasure to the following extract from the proceedings of the Cleveland Homœopathic Medical Society recently held in that city.

"Dr. S. R. Beckwith asked if the members had any experience to report on the use of bromide of potassium in epilepsy; said it was a pretty sure remedy, given in sensible doses. He related several cases favorably affected by its use.

"Dr. P. Wilson reported that late clinical reports had shown that in bad cases of epilepsy it was safe to give as high as sixty grains of bromide of potassium three times daily, that such doses caused temporary insanity which might be continued many weeks, and yet disappear at ceasing to use the medicine."

The report was accepted.

This is modern homœopathy. The reports of the London Homœopathic hospitals show a par-

tiality for similar "massive" doses, and on the continent, the follies of Hahnemann are discounted similarly in practice.

We rejoice that homœopathists see the propriety of this; we are only sorry that they do not more openly acknowledge the truth about it. As to the "Law of the Similars," who pretends that bromide of potassium will *produce* epilepsy?

### THE MAINE LAW FOR PROMOTING MEDICAL SCIENCE.

The example set by this State has been followed by Maine.

The Maine Senate have passed a bill allowing physicians to legitimately obtain subjects for dissection, by a vote of 11 to 10. The bill reads as follows:

Section 1. The overseers of the poor of any city or town containing not less than five thousand inhabitants by the census of the United States then next preceding; the Warden of the State Prison; and the keepers of the several jails in this State, may give permission to any physician or surgeon (preference being given to instructors and medical schools established by law) upon his request, to take the bodies of any such persons dying in their city or town or in the State Prison, or in a jail, as are required to be buried at the public expense, to be by him used within the State for the advancement of anatomical science.

Section 2. Every person before receiving any such body shall give bonds to the officer surrendering it, with sufficient sureties, that such bodies shall be used only in the State, and for the promotion of anatomical science, and in such manner as in no event to outrage the public; and that after the use allowed by law, the remains thereof shall be decently buried.

Section 3. No such body shall be surrendered if the deceased during his last sickness, of his own accord, requested to be buried, or if within twenty-four hours after his death any person claiming to be, and satisfying the officer or officers aforesaid, that he is a friend of, or kindred to the deceased, asks to have the body buried, or if the deceased was a traveller or stranger who suddenly died. In other cases described in section one, it shall be the duty of the officer or officers aforesaid to surrender such body on request, as in that section provided, upon receipt of the bond provided for in section two.

Section 4. Any person knowingly surrendering or knowingly receiving any such body for anatomical purposes, contrary to the provisions of this act, shall be punished as provided in section twenty-six of chapter one hundred and twenty-four of the revised statutes.

Dr. Tewksbury of Portland, gave a long and powerful argument in its favor before the judiciary committee on the 16th ult. Dr. Foster of the same city and Dr. Dana, President of the Maine State Medical Association also spoke in its favor. We regret that we have not space to quote from the remarks of these gentlemen.

[After the announcement by telegraph that this law had finally passed, comes another telegram to the effect that after all it was "indefinitely postponed" by the Senate!]

## Notes and Comments.

### THERAPEUTICAL BULLETIN.*

Compiled by Geo. H. Napheys, M. D.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc., etc.

The selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form.

A soporific or sedative effect is often desired in clinical practice, in those cases in which a preparation of opium cannot be given, because of an idiosyncrasy or some other contra-indication. Below will be found a few formulæ for

*Hypnotics and Sedatives other than Opiates.*

Brown-Séquard.

℞. Potassii bromidi, ʒij.
Aquæ cinnamomi, f.ʒj. M.

Sig. Dessertspoonful a quarter of an hour before the last meal, and the same dose, or three teaspoonfuls, repeated at bed-time, for adults. Excepting when pain is one of the causes preventing sleep, (in which case the alkaloids of opium, aconite, or hyoscyamus should be employed,) Dr.

* Entered according to Act of Congress, in the year 1869, by Geo. H. Napheys, M. D., in the Clerk's office of the District Court for the Eastern District of Pennsylvania.

N. B. This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

Brown-Séquard has found that this remedy has a most wonderful power to produce a quiet and refreshing sleep, without any drawbacks. In some cases it is necessary to increase the dose of the bromide, and to give also a small dose of narceine or codeine an hour before bed-time. In those affections in which the bromide of potassium is not powerful enough as a sleep-inducing agent, a warm bath of four, five, or six hours' duration is often successful.

Dr. Da Costa has found in reference to the soporific and anodyne properties of narceine, that it appeared, in doses in which morphia is prescribed, totally destitute of either; and in larger doses uncertain, and often palpably inert. It does not allay irritation, (vide Pennsylvania Hospital Reports for 1868.)

Dr. J. M. Da Costa.

℞. Pulvis digitalis, gr. ¼.
Extracti hyoscyami,
Camphoræ, āā gr. j.
For one pill.

To be taken at night.

Dr. Edward John Tilt.

℞. Extracti hyoscyami, gr. ij.
" cannabis indicæ, gr. ¼.
For one pill.

One or two to be taken at night, or oftener. But Dr. Tilt gives Indian hemp in one-grain doses, as soon as he finds it agrees, and sometimes in larger doses. If he desires a tonic as well as sedative effect, he orders

℞. Extracti hyoscyami,
Quiniæ sulphatis, āā gr. j.
For one pill.

To be taken every night. This is a preparation that he has often found to be well borne by women who could not bear large doses of any tonic; some have continued to take it for months, not leaving it off during the menstrual period; and it will not interfere with the action of any purgative that may be required.

Dr. T. H. Tanner.

℞. Extracti stramonii, gr. ¼.
" hyoscyami, gr. iss.
" lupuli, gr. iijss.
For one pill.

To be taken every four hours until relief is obtained, in chronic disorders attended with suffering, in diseases of the nervous system accompanied with pain and restlessness, and in the dyspnœa of phthisis and emphysema.

Dr. C. Handfield Jones says that henbane approves itself frequently as a really valuable remedy among soporific drugs. He agrees with Dr. Graves as to the advantage of using it in the form of enema in many instances, and, as Dupuytren held, the dose need not exceed that which is given by the mouth. Large doses of henbane, as gr. xx. of the extract, may in many cases advantageously replace opium. He gave, for several nights, gr. xxv. to a man on the verge of delirium tremens, and sleepless previously, even with morph. mur., gr. ½.

Dr. Chas. West states that the value of tincture of hyoscyamus as a sedative in the diseases of children can scarcely be too highly estimated. He orders

℞. Tr. hyoscyami, ♏xviij.
Syrupi, f.ʒiij.
Aquæ, f.ʒix. M.

Dessertspoonful every six hours for a child a child a year old. To this mixture there may be added, if there is much peevishness,

Potassæ bicarbonatis,
Acidi citrici, āā gr. xx.

Also, if the stomach be not irritable,

Vini ipecacuanhæ, ♏xij.

*Suppository*—Dr. J. M. Da Costa.

℞. Assafœtidæ, gr. x.
Extracti hyoscyami, gr. iij—v. M.
Fiat suppository.

To be introduced at night, to quiet restlessness and induce sleep where it is not desirable to give opiates.

*Hypodermic Injection*—Dr. Ruppaner.

℞. Tr. hyoscyami, gtt. x—xx.
For a single injection.

℞. Tr. cannabis indicæ, gtt. x—xx.
For one injection.

Dr. Forbes Winslow gives a hint which is worth remembering with regard to the employment of sedatives generally. This is, that cases which are intractable to separate remedies, will yield to a judicious combination of several. This is probably the secret of the success of the nostrum, chlorodyne.

A placebo, as a bread pill, is often a powerful sedative, if the patient can be inspired with faith in its efficacy. Dr. Laycock mentions a case in which sleep, after taking such a pill, was so long as to excite alarm.

[To be continued.]

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**Manual for Life Insurance Examinations.**

The very convenient manual for examinations for life insurance by Dr. Gloninger, which we mentioned in No. 622 of Reporter has been found very useful by those who have used it. Copies will be mailed from this office to any address at the reduced price of fifty cents. We recommend every physician to secure one.

**The Daily Pocket Record.**

This valuable and popular visiting list has met with even more favor than usual this year. A large edition is already exhausted, and another is being rapidly prepared.

In a short time we shall be ready to fill orders to any reasonable extent again.

**The Preparations of Caswell, Hazard & Co.**

These pharmaceutical preparations advertised in this journal are carefully compounded from pure articles. They are agreeable to the palate, and of uniform strength. Having used them ourselves we can recommend them as satisfactory preparations.

**Dr. Read's Nephogene.**

It will be observed that the price of the Nephogene of Dr. Wm. Read of Boston—one of the best forms of steam atomizers—has been reduced to $5.

# Correspondence.

## DOMESTIC.

### Gout of the Stomach and Brain.

Editors Med. and Surg. Reporter:

The following case will probably illustrate to some extent the dilemma into which young practitioners of medicine are sometimes thrown by a hasty call to a violent and mysterious case without being allowed a moment of time to "read up," as I have been told they do, and thus prepare for the emergency.

A few months ago, while absent on a visit to relatives about thirty miles distant, I was sent for to visit a young lady who had been attacked in a very violent manner. On my return I was notified of this fact and hastened to her. I found her lying in bed upon her side, with her head dropped in front until the chin rested upon the chest; pupils dilated, pulse very rapid, stomach quite irritable, heart exceedingly violent in its action and in a state of unconsciousness.

The facts elicited from her mother were as follows: On Saturday night (this was late in the afternoon of the following Tuesday) she had complained of great uneasiness in her head and stomach, which had rapidly grown worse until about daybreak the next morning, when she uttered a loud shriek, and had immediately become delirious, which condition continued, and she gradually sank into the lethargic condition in which I found her.

A short time previously I had treated, and after persistent efforts had succeeded in relieving her of a long-standing and very obstinate case of chronic gout, which was attended with extreme emaciation, and rigid contraction of the flexor femoral muscles, and of the flexor muscles of the arm.

These are the facts which rapidly ran through my mind as I sat by the bed closely scrutinizing the phenomena which were there presented, and asking myself the question, "What is it? How shall I arrive at a clear and intelligent diagnosis?" After collating and weighing the previous history, the information gathered from the attendants and the symptoms there manifested, my diagnosis was "gout of the stomach and brain," and I ordered her twenty grains bicarb. potass. every two hours, with twenty-five gtt. ter die of tr. digitalis, the latter to quiet the excessive action of the heart which seemed also to be threatened by the disease. The following night convulsions ensued and continued with short intervals until midnight.

I saw her again the next morning. When I entered the room she looked at me and inclined her head in salutation, but was unable to articulate. Her pulse beat 150 to the minute. Pupils still dilated, but not as much as on the previous evening. Her stomach was composed. The potash was acting very freely upon the kidneys. Continued the potass. bicarb. and digitalis, and ordered nourishment every two hours, consisting of milk punch, cream and beef essence alternated. She improved rapidly after the third day, and in a week was up again.

Now, Messrs. Editors, please tell me whether or not my diagnosis was right. The result of the case might lead me to think that I had accomplished something wonderful if I did not believe that there is a power within every human economy which often successfully resists the most violent attacks of disease. M.

### A Pin Imbedded in the Heart of a Fowl.

Editors Med. and Surg. Reporter:

I have in my possession the heart of a fowl, which was handed to me by the Rev. S. R. Pierce, a gentleman well known throughout this part of the country—in which a pin was found imbedded. The fowl, with others, had been running about the yard, and up to the time when killed, had not been noticed to present any appearance of disease. On removing the entrails, the attention of Mrs. Pierce was directed to the pin sticking in the heart. It was shown to Mr. Pierce, who brought the heart to my office. I

found on examination, that the pin, an inch in length, had entered the left side of the heart, about the eighth of an inch from the apex, and passing directly upward, had penetrated the walls of the left ventricle, to the depth of three-tenths of an inch. On opening the heart the point was seen protruding within the ventricle about the twelfth of an inch. The pin is of a dark color, firmly imbedded, and has not been removed. The heart presented the effects of inflammation; it was surrounded with false membranes, which had formed a mass of adhesions; its color was but little changed, however; perhaps slightly darker than it would have presented in perfect health; there was no appearance of pus or suppuration; neither did the heart present any appearance of hypertrophy or atrophy.

As the intestines were thrown away, it is not known how this foreign body came to penetrate the heart, but we suppose that as fowls swallow pebble stones and other hard substances, that this pin must have been swallowed, and passed from the crop to the stomach or gizzard, the strong muscular contractions of which forced it through the upper and thin portion of this organ, near the œsophagus, and into the heart, which lying between the two lobes of the liver, is almost in contact with this portion of the gizzard. Whether the head of the pin had passed through the gizzard before the fowl was killed, or was drawn through an ulcrated opening when removing the entrails, is not known, as it did not occur to Mr. Pierce at the time to examine the gizzard; but the fact that the pin penetrated and became fixed in the heart, and had been there a considerable time before the animal was killed, was plainly seen from its blackened appearance, the false membranes and their adhesions, and the evidences of inflammation around the heart. It is remarkable, however, that this foreign body should have penetrated and become fixed in the heart, and the fowl presented so little the appearance of disease—as Mr. Pierce informs me—that it was not observed to act differently from others in the same yard.

I send you the above, which from the remarkable facts presented, may be considered worthy of publication in a medical journal.

George Sutton, M. D.

*Aurora, Dearborn Co., Ind., Feb.* 1869.

—— Dr. Schoeppe has been committed for trial at Carlisle, Pa., on the charge of having poisoned Mrs. Steinecke.

# News and Miscellany.

### Hydrophobia.

Two deaths have recently occurred in New York city, which were attributed to hydrophobia, though there was no evidence that the dogs connected with the cases were mad, and some of the symptoms were such as are not usually seen in that disease. In order to prove that the victims died of hydrophobia, it was necessary to promulgate the absurd theory, that the bite of a dog that is angry, will give the hydrophobia as well as the bite of one that has the true rabies. The description of the symptoms looks very much as if the patient, in one case at least, was frightened to death, and the physician allowed him to die in that way, by mistaking the true nature of the case.

—— Bleeding, which was formerly a favorite remedy in France, being prescribed even in cases of consumption, has now fallen decidedly into disuse. As an indication of the present practice, it is stated that in Paris, at the central bureau of the medical establishments forming the department of what is called "L'Assistance Publique," 6151 prescriptions and 1513 verbal consultations were given in the year 1867. Out of these 7644 cases there were only two in which bleeding had been prescribed. In the year 1852 the number of cases in which bleeding was prescribed amounted to 1256.

*[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

### MARRIED.

Aranguren—Rivenburgh.—Feb. 24, at the residence of the bride's parents, by the Rev. J. E. Rockwell, D. D., Frederick M. Aranguren and Adelaide Viola, only daughter of Dr. C. V. Rivenburgh, of Clifton, Staten Island.

Ayers—Mayers.—In Fort Smith, Ark., Capt. Robert Ayres, 19th Infantry, U. S. A., and Miss Kate Mayers, daughter of Dr. M. Mayers.

Chamberlin—Harrison.—On the evening of Dec. 22d, 1868, at Brockport, Monroe co., N. Y., in the First Presbyterian Church, by Revs. Brown and Simpkins, Harrie T. Chamberlin, M. D., and Minnie J., eldest daughter of Josiah Harrison, Esq.

McIlvene—Kennedy.—Nov. 10th, 1868, at Freeport, Pa., by Rev. W. F. Kean, Dr. John A. McIlvene, of Charlton, Iowa, and Miss Kate Kennedy, of Freeport, Armstrong co., Pa.

### DIED.

Bradley.—William A. Bradley, Assistant Surgeon and Brevet Major, U. S. A., died suddenly, of apoplexy, at Point San Jose, on Feb. 27th.

Magill.—In Brooklyn, Feb. 27th, Arthur H. Magill, M. D., in the 70th year of his age.

Malone.—At Indian Bay, Ark., on the 4th of October last, Dr. Henry B. Malone, formerly of Cincinnati.

Sanborn.—Dr. T. M. Sanborn, a much esteemed and successful practitioner of Lake Village, Vt., died recently. He graduated at the medical school at Hanover, N. H., in 1841.

Smith.—Recently, at his residence in Cincinnati, of congestion of the brain, Dr. James R. Smith, aged 48 years.

Ware.—Feb. 22d, John F. Ware, son of Dr. Jonathan and Mary A. Ware, of Milton, Mass.

## OBITUARY.

### Dr. Daniel Holmes.

We are called upon to record the death, in Elmira, N. Y., on 15th ult., of an estimable member of our profession, Daniel Holmes, M.D. He was born at Oxford, Chenango county, N. Y., on the 28th of April, 1818, and was always feeble and delicate, in consequence of an inherited tendency to pulmonary disease. In 1840 he commenced the study of medicine, maintaining himself, as so many of our worthy young men do, by teaching school.

He attended his first course of lectures at the Geneva Medical College in 1843, and his second at the University of Pennsylvania, where he received the degree of M. D. in 1848. He labored assiduously in the practice of his profession for many years, in the rugged portions of Bradford county in this State. He also spent some time in the Government Hospital service during the rebellion, being stationed at Harrisburg. Some months were also spent in this city, when, in September, 1866, he removed to Elmira, N. Y., where he immediately connected himself with the Chemung County Medical Society and the Elmira Academy of Medicine, to which he remained unfalteringly attached, being present at their meetings as long as his strength would enable him to make the attempt. Indeed, it was apparent on several occasions, that his physical necessities fell short of keeping pace with the vigor and activity of his mind, when he rose to read a paper or to address the Society, as was so commonly his habit. His spirit truly was willing, but his flesh was weak.

In October last he was compelled to relinquish the practice of his profession. Dr. Holmes always remained a student, and sought knowledge from every available source. At the bedside and in his library, as in the early days of his practice, so in the last months of his career, he diligently observed and read. This life-long observation and extensive reading made him a wise physician, a valued counsellor, and a highly successful practitioner.

With that confidence which had ever marked his simple, trusting, Christian faith, the religion of common life was carried to his sick chamber, and there it remained with him, without show or ostentation, but growing into fuller beauty and power as his departure drew nigh. Those only who were permitted to witness the inmost privacy of that room of suffering, can testify to the "abundant promise" which was vouchsafed to a dying Christian.

## WORDS OF CHEER.

The *Humboldt Medical Archives*, St. Louis, Mo., says of the Pocket Record:

"It is the most complete book of the kind we have ever seen."

*Dr. A. D. P., of Texas*, says:

"It (the Reporter) suits me better than any journal I have read since I have practiced in the United States, now about twenty-seven years."

*Dr. V. E. H., of Texas*, says:

The Compendium is a journal equal in every particular to any now in existence, and a great acquisition to any medical library."

*Dr. M. Y., of Canada*, says:

"I prize the Reporter very highly. The mere subscription price has been given back to me again and again. Frequently I have been repaid in the perusal of one article. *All* are good."

## ANSWERS TO CORRESPONDENTS.

*Dr. G. A. S., of N. Y.*—1. We consider the cup and coil, and globular gutta-percha pessaries advertised in this journal as good as any you can use.

2. Treatment of diseases of the air-passages by atomization and the nasal douche is frequently employed in hospitals here, with good effect.

3. Sweet quinine and svapnia are highly spoken of; we cannot tell you how the former tastes, because we have never tasted it. It is probably a tannate of quinine.

4. We give vaccine virus gratuitously to those who apply for it, enclosing a postage stamp, and agreeing to return some of the product.

5. We do not need the numbers you mention.

6. If you want back numbers, send the *whole numbers*, not the volume and number in the volume.

*Dr. F. R. G., of N. C.*—"I have an obstinate case on hand of chronic pain in the right testicle, and occasionally the left. The patient is a robust, plethoric young man, of about thirty years of age. In his youth was troubled with varicocele of the left testicle, but has almost entirely recovered from that. Has never had any symptoms of stricture of the urethra or of diseased prostate. Has never had syphilis. Has no symptom of kidney disease, urine perfectly natural. Seldom suffers any pain, except just before rising in the morning. Sleeps well all night until about one hour before day every morning, and then is subjected to severe pain of a heavy, dragging nature, until after walking about a while, and then all his pain and uneasiness disappears, to return the next morning invariably. His sexual vigor is also impaired. I have used all the remedies recommended for neuralgia, with unsatisfactory results. What is the disease, and what treatment would you advise?"

*Dr. W. A. F., of Minn.*—"I submit to you the following case for advice:

Oct. 22d. Called to see Mrs. S., five miles in the country. Age about 25; 5 ft. 5 in. high; slender form, light hair and complexion. Has a child (the second) three months old. For at least six months has had pain in right side, below margin of ribs, and in right shoulder. Had, at first visit, extreme pain, deep jaundice, scanty and dark-red urine; pulse 130; bowels costive. Gave mercurials and verat. viride, warm fomentations to side. In three or four days fever had subsided considerably, pain not so acute, but aching. Blister to side. Discovered a tumor extending from margin of ribs on right side to crest of ilium, smooth and hard, edges defined. Discharges from bowels described as resembling thin soapsuds in color and consistence. Continued mercurials another week. Slight diminution in size of tumor, discharges from bowels the same. Jaundice not diminishing. Patient being feeble, and fearing it would result in hepatic abscess, discontinued mercurials, and gave nitro-muriatic acid internally, and externally, blisters to side continued. After about six weeks from the time I first saw her, tumor had diminished about one-half, and discharges from bowels assumed a natural color. Jaundice now began to disappear, and in a couple of weeks more had entirely disappeared. Since that time has had two severe attacks of pain and fever, about like what I first saw, each lasting four or five days. Has been walking about the house, sewing some, and occasionally riding out, for the last six or eight weeks. The tumor recedes very slowly, if at all, notwithstanding the use of nitro-muriatic acid continually, friction over tumor, application of blisters and iodine internally.

"I call it chronic hepatitis, and treat accordingly. Can I do any more to relieve, or rather to cure."

## METEOROLOGY.

| February, | 15, | 16, | 17, | 18, | 19, | 20, | 21. |
|---|---|---|---|---|---|---|---|
| Wind | N. W. | S. W. | W. | N. W. | W. | N. E. | N. E. |
| Weather | Cl'dy. | Clear. | Cl'dy. Sh'r. | Clear | Cl'dy. Snow. | Cl'dy. High wind. | Cl'dy. |
| Depth Rain | | | 4-10 | | | | |
| *Thermometer.* | | | | | | | |
| Minimum | 33° | 27° | 22° | 28° | 23° | 19° | 23° |
| At 8, A. M. | 45 | 42 | 41 | 42 | 35 | 31 | 34 |
| At 12, M. | 52 | 45 | 44 | 44 | 43 | 37 | 39 |
| At 3, P. M. | 52 | 47 | 45 | 40 | 45 | 27 | 41 |
| Mean | 45.50 | 40.25 | 38. | 38.50 | 36.50 | 28.50 | 34.25 |
| *Barometer.* | | | | | | | |
| At 12, M. | 29.3 | 29.5 | 29.5 | 29.3 | 29.4 | 29.8 | 29.9 |

*Germantown, Pa.* B. J. Leedom.

# HAZARD & CASWELL'S
# PURE COD-LIVER OIL.

**Prepared on the Sea-Shore of Cape Cod and Cape Ann, by Mr. CASWELL personally, from Fresh and Selected Livers.**

The universal demand for an article of Cod Liver Oil that could be depended upon as STRICTLY PURE AND SCIENTIFICALLY PREPARED, having been long felt by the Medical Profession, we were induced to undertake its manufacture at the FISHING STATIONS, where the fish are brought to land every few hours, and the livers consequently are in great perfection. Its manufacture is personally superintended by Mr. CASWELL, and every gallon made is closely scrutinized. This Oil is confidently recommended to the Trade and

Medical Profession as the SWEETEST and PUREST in the market.

It is made of fresh selected livers, on the sea-coast, and can be retained by the stomach when other kinds fail, so sweet and pure is it, from the great care and skill attending its manufacture.

Prof. PARKER, of New York, says: "I have tried almost every other manufacturer's oil, and give yours the decided preference."

Prof. HAYES, State Assayer of Massachusetts, after a full analysis of it, says; "It is the best for foreign or domestic use."

After years of experimenting, the Medical Profession of Europe and America, who have carefully studied the effects of different Cod-Liver Oils, have unanimously decided the *light, straw-colored Cod-Liver Oil to be far superior to any of the brown oils.*

The nauseous and offensive character of the usual Cod-Liver Oil in use is extremely prejudicial—more so than none at all; so that an article fresh and pure is indispensable.

Sole Manufacturers and Proprietors, CASWELL, HAZARD & CO., under Fifth Avenue Hotel, New York City.

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THE BEST THREE TONICS OF THE PHARMACOPŒIA,

## IRON—PHOSPHORUS—CALISAYA.

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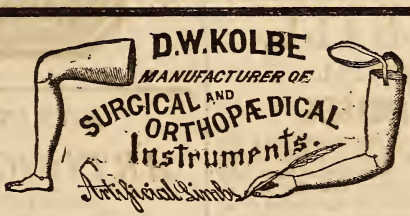


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# MEDICAL AND SURGICAL REPORTER.

No. 628.] PHILADELPHIA, MARCH 13, 1869. [Vol. XX.—No. 11.

## Original Department.

### Lectures.

### A LECTURE ON HERNIA: REQUISITES OF A TRUSS, AND ITS PROPER APPLICATION.

*Delivered at the College of Physicians and Surgeons, New York,*

By D. L. D. Sheldon, M. D,

Of New York City.

Gentlemen: As you have been taught all the essential points in regard to the anatomy of hernia, I shall refer to it only as may be necessary to elucidate my description of the required construction of a truss, and its proper application. Hernia, you will understand, is a protrusion from either of the circumscribed cavities of the body, viz., the head, thorax, and abdomen; the latter of which will be the subject of my remarks. There are four kinds of abdominal hernia; inguinal, femoral, umbilical, and ventral. First, we will consider the form called *inguinal*, that being the most frequent; probably about seven to one, of all others combined: there are two forms of this kind; one bearing the name of *direct*, and the other *indirect;* both being in the region of the groin. The indirect form, when complete, passes through the whole length of the inguinal canal; which varies in adults, from about one and a half to two inches in length; its breadth is about half an inch in males, and half that breadth in females. This canal is located nearly on a line from the anterior superior spine of the ilium to the spine of the pelvis; commencing about half an inch superior to Poupart's ligament, and about two inches obliquely external to the spine of the pubis, extending to, and terminating at that point; from its terminus at the pubis, its direction is towards the os-ilium, in an angle which will average about forty degrees, with a plane of the spine of the pubis, and some ten or fifteen degrees with Poupart's ligament; it is through this canal the spermatic cord passes, for which it was intended by nature, but contrary to her designs, from certain causes, a portion of the intestines, omentum, etc., escapes through it, separate or together, as circumstances may direct. The aperture of the extremity of this canal, which terminates at the pubis, is called the "external ring," and that pointing towards the os-ilium the "internal ring."

Here I will venture to briefly state my views in regard to the names applied to these rings long since, by surgeons of high repute. I cannot perceive the propriety of their adopting names so antagonistic to the general rules of anatomical descriptions, in relation to situations of anatomical parts, which make it very perplexing to students; contrary to said rule, they named the aperture nearest to the mesial line of the body external, and that furthest the internal ring; at the same time they called the hernia protruding through the "internal ring," (which is the indirect form,) external hernia; and that which passes through the "external" only, (being the direct form,) internal hernia, as if for the very purpose of perplexity. This converse application of names is much to be regretted. It has been said in support of these misnomers, that they were only intended to describe antero-posterior positions; this being admitted, by no means grants the propriety of the position, for the "internal" ring is not posterior to the "external," and cannot be so considered, even from being a fraction deeper from the surface; in a standing position in many cases, the internal may be rather anterior; again the rings are separated obliquely about two inches, being equal to about one a quarter inch directly transverse: therefore, under all considerations of the facts in the case, those inappropriate names may with propriety be discarded, by substituting those more descriptive and comprehensive, without confusing the student or physician. Thus I propose to call the ring terminating at the pubis the *pubic* ring; and the other, being in the iliac region, and pointing toward the os-ilium, the *iliac* ring; each name virtually describing the position of the ring represented, therefore unmistakable.

As we now understand the proper definition of

*indirect* inguinal hernia to be a protusion from the abdominal cavity, through the "internal" or *iliac* ring, into or through the whole length of the inguinal canal, we will now consider its progress, in connection with its progressive names. In its most incipient form, it sometimes barely protrudes through the iliac ring, with no further progress for a time. At this stage, in many instances, no tumor is visible; more especially so in fleshy persons; consequently, it may be called invisible hernia. You will bear in mind, even at this stage, it is liable to strangulation; this may be accompanied with all the symptoms of a further advanced hernia, with the exception of a visible protrusion. When the protruding parts pass so far into the canal as to have somewhat the appearance of a bubo, it is sometimes called a bubonocele; and when passing nearly, or fully through the whole length of the canal, it is denominated oblique hernia, for the reason that it takes on the oblique form of the canal through which it passes; fourth and lastly, it passes into the scrotum, where it takes the name of oscheocele, or scrotal hernia. Here I wish you to be impressed with the fact, that although some half dozen names have been used for this hernia, but one kind has been described, that being the *indirect*, the other names having been adopted merely for indicating the points of progression.

Here it may be well for us to consider the impropriety of physicians in this branch of our profession. It has been a general rule with them to transfer their hernial patients to truss-dealers, whether manufacturers, druggists, or apothecaries, without regard to their knowledge of the anatomy of hernia; and it was doubtless sheer ignorance on this point that originated this improper custom. Facts induce me to state, that comparatively few physicians now seem to comprehend the importance of this knowledge, as they follow the aforesaid examples. There can be no reasonable excuse for ignorance in this branch, more than in any other branch of the profession, for the lives of such patients are no less jeopardized.

Now in consideration of the anatomy of hernia, of the protruding organs, and the extreme danger of strangulation, you will readily perceive that it is equally improper to transfer a case of hernia to a mere truss dealer, or manufacturer; as a case of fracture to a splint-dealer, or manufacturer; or a case of fever to a medicine-dealer, or manufacturer; for in either case the patient is transferred to a merchant, or mechanic only. You will also perceive that a knowledge of a proper constructed truss, and its proper application for the different hernia, is just as indispensable to a physician as a proper constructed splint and its application for the different fractures. Why not, when so many more cases of hernia exist than fractures, and each case is in great danger of sudden death by strangulation, if a proper truss is not scientifically applied? There probably exist at this moment in the United States, more cases of hernia than the combined number of all other diseases in the care of physicians. Various estimates have been made in different parts of the world in regard to its frequency, but they are so conflicting no definite conclusion can be adopted therefrom; however, I will mention a few which seem to me the most reliable, which may serve as a base for more or less remarks.

First, I will mention that of Mr. Turnbull, Surgeon to the Charity Rupture Institute of London. He states that few men have taken more pains than himself to ascertain the facts in regard to the proportion of the ruptured throughout the kingdom; from which he asserts the proportion of the whole population to be *one in fifteen*, which included all persons, of both sexes, and all ages; his testimony is substantiated by the high authority of Gimbernart, and Arnaud.

Next, I will give you the estimate from another kind of institution, computed by Juville, a celebrated truss-maker in Paris. From this report the average is about *one in twenty*. including all the inhabitants of Germany, North of Europe, Italy, Spain, France, and England.

I will conclude on reports with one from still another kind of institution, exhibited by Louis, from the hospitals of Paris. From this report the average estimate is about *one in twenty*, which comprises those only who entered the hospitals of Paris. To my astonishment, this report Lawrence considers the most reliable in regard to the real proportion; yet he thinks this too high, for the reason that he deems the proportion in hospitals greater "than among mankind at large."

I not only consider Lawrence's position unfounded, but take the direct opposite view. In substantiation of my position, I will state that comparatively few simple hernial cases ever enter the hospital; generally such only as are incapacitated for labor; which proportion is very small. There are, doubtless, many patients who come under the supervision of hospital physicians for the treatment of other diseases, who have hernia; but if no symptoms should be present requiring examination in the region of the groin,

a truss may be worn, and the physician none the wiser, or if the patient should be in a horizontal, nude position, free from hernial symptoms, the hernia being easily reduced by himself, and no truss worn, the physician in most cases would have no reason to suspect hernia, except in scrotal of some considerable size. In many cases, even in an erect position, there will be no protrusion for a time, and in some cases quite an effort is required to effect a protrusion; under these circumstances there would be no symptoms requiring hernial examination. Again, persons who have hernia generally avoid making their disability known until the nature of the case demands it, that they may not be considered disabled; some for the reason that they fear it destroys to a greater or less extent the generative power, which, if known, might interfere with matrimonial arrangements; (on this point I have been frequently consulted.) Others fear it may be a venereal disease, and therefore keep the thing secret, that they may not be thus disgraced. There are also cases of invisible hernia, from which persons suffer at intervals to some extent, for a long time before they appeal for medical aid; when thus compelled, they generally consult with their family physician, instead of going to the hospital. There are other cases where protrusion is visible, being barely noticed, scarcely questioning in their mind that it may be hernia, until urgent symptoms compel consultation with their family physician; and not at the hospital. The prevalent idea being that a truss only is required. The person who believes he has hernia generally consults a truss dealer, whose truss is applied, and not at a hospital. From these statements I presume I have made it plain to you that comparatively few persons with hernia enter the hospital except those who are nearly, if not completely incapacitated for labor, or those who enter with some other disability beside hernia. If my position is correct, then it not only refutes that taken by Lawrence, but reverses his conclusions, thus virtually increasing the proportion fully equal to the estimate of Turnbull. Now, as Jonville adduces nothing to sustain his position, and as his estimate of England, while living in Paris, exceeds by one-third the estimate of Turnbull, who resided in London, with a position far superior for estimation than that of Jonville, I deem it proper to adopt the estimate of Turnbull, who is supported by most able authority, which gives the proportion, as before stated, one in fifteen of all the inhabitants.

Admitting the report of the London Truss Society, we find in 88.584 hernial patients, that the proportion of males was four to one and three-tenths of females; which gives the proportion of males among the male inhabitants about one in ten; and females, among the female inhabitants, one in about thirty.

In regard to the proportion in this country, I have not yet been able to obtain any statistical reports which would serve as a base for a proper estimate. I once had an opportunity of looking over a small portion of the reports of examination of one of the Surgeon-Generals of this State in the time of our intestine war, in which I think the average in a few counties was one in about fourteen or fifteen thus examined. This proportion of all the male inhabitants I think altogether too low, as very few offered themselves for examination who knew they had hernia. From what I can gather from my own resources, which is vague, I think the proportion in males will average as high as one in eight, possibly only one in ten; females, one in about twenty-five or thirty.

Admitting these as facts, I shall not surprise you by saying that it appears somewhat strange that so few physicians have been impressed with the importance of a thorough knowledge in this professional branch. Were you about commencing practice in a section of country where any other disease prevailed to much extent, even at certain seasons only, you would readily perceive the importance of well understanding the treatment of that disease. Proper reasoning would compel such a decision; for you would not only realize the unbounded gratification of granting relief to those sufferers, which should be your most desirable consideration; but you would probably secure a lucrative practice, which, although properly a minor consideration, is as important in our profession as in any other kind of business; for all prosecute their business with a hope of gain, as a means of obtaining the requisites of life and happiness. Then if such a disease requires especial attention from skilful hands, there should be no less attention or skill in treating this disease, which prevails through all seasons of the year, in every country and all climates; predominating any, and probably all other diseases which demand the immediate attention of physicians; when by the proper application of a well-constructed truss, nearly all those afflicted with hernia may be quite secure from the perilous condition of strangulation, this being the proper and most successful prophylactic treatment for that fearful termination.

In consequence of the frequency of this disa-

bility, numerous trusses, with slight and mere nominal variations, have been thrust before the public, unapproved by that portion of the medical profession who well understand the anatomy of hernia, and the important requisites of a truss. Inventors and truss dealers, with few exceptions, do not understand the anatomy of hernia, and most of them make no pretension of knowledge in any other branch of the profession. It is through this inefficient and improper line of arrangement that comparatively few permanent cures are effected.

You who well understand the anatomy of hernia, upon due consideration, will readily admit that a person who is ignorant of this portion of anatomy cannot distinguish between the different varieties of hernia, or understand the modus operandi of protrusion; therefore, not only incapable of deciding upon the requisites of a truss, but incompetent to adjust a properly constructed instrument. I need not portray the unnecessary sufferings which have been experienced through incapacity to distinguish hernia from hydrocele, varicocele, sarcocele, incomplete descent of the testicle, bubo, and femoral from inguinal hernia, (all of which have been transferred to me by physicians as inguinal or scrotal hernia;) for you will readily perceive the consequent effect of such errors, and concede it as the legitimate fruit of ignorance, proceeding from inattention to this professional branch.

In treating reducible hernia, after carefully replacing the protruding parts in their natural position, the cavity of the abdomen, the all important object is to thus retain them, which is best effected by the application of a proper truss.

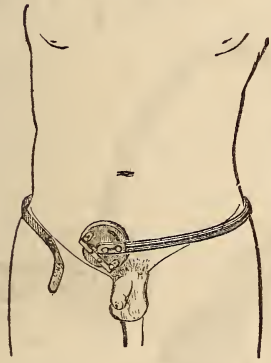
I will now show you different kinds of trusses, that you may decide from their individual merits. To justly determine, you will necessarily revert to the position, length, and breadth of the canal through which the protruding parts pass. You see that the most of these front pads vary from two to four inches in diameter, not at all conforming to the position and diameter of the canal, that being, in the normal condition, only half an inch in breadth, and generally less than two inches in length, consequently, you will perceive that the compressive power of the spring is extended over a surface of from about four to six square inches, to compress a surface generally from one to two square inches; therefore, one of these pads requires from two to five or six times as much compressive power as does a pad from one to two square inches, which is an item that should not be overlooked. These large compresses or pads not only extend beyond and press upon Poupart's ligament, which diverts pressure from the canal in just the proportion applied to the ligament, but comes in direct contact with the action of the thigh, thereby being removed to a certain extent from the adjusted position, thus destroying the intended effects. Cases have come under my observation where extreme pressure was inflicted for retaining the pad in position, because of the antagonistic action of the thigh, which caused severe abrasion. This, not being required, should never be tolerated. Another impropriety in regard to these large, unconformable, soft pads, is that they require to press upon a hard or unyielding substance to be effective; therefore the compressive power is generally mostly expended upon the inferior boundary of the pubic ring, that being the os pubis. This leaves the iliac ring to a great extent unprotected; thus the ring and the canal, to a greater or less extent, are left at the mercy of the protruding parts, which transforms them, in many cases, into a semi-funnel shaped sac. This virtually converts an indirect hernia into a direct one, as far as a truss is concerned. But the most important point in regard to pubic compression (which also includes the large, hard compress), is that it compresses the spermatic cord where it passes over the os pubis; in many cases this proves very injurious by cutting off nutrition from the testicles. It is not very uncommon where one of these trusses has been worn for some time, to meet with atrophy of the testicle; in some cases I have seen them which were reduced to one-eighth their normal size, and attributable to no other cause. You will understand how vastly injurious is the effect, when you consider that it virtually annuls to the extent of pressure, probably the most important design of our Creator, that being the motive power of animal life and soul identity.

Preparatory to correctly judging of a truss. I am about to show you one which is considered by the most eminent of our profession to possess important advantages over other trusses, because of its combining power, with its adjustability, cleanliness and durability, I will call your attention to the fact, that protrusion in the indirect form of inguinal hernia, must inwardly pass through the iliac ring, consequently if that be kept closed, this form cannot exist. The truss I now show you (Fig. 1) has a compress attached to its front pad; you see this compress is about the length of the inguinal canal, and twice its normal breath, being attached to the inferior

and outer margin of the pad when applied, (Fig. 2), you perceive that the truss must be applied from the sound side, passing in front of the abdomen, crossing the mesial line to the disabled side, with the spring at the lower, and pubic extremity of the semi-circular aperture of the pad;

Fig. 1.

Fig. 2.



this brings the compress immediately above the pubis, parallel with and directly over the inguinal canal, which it closes by compression, thereby retaining the protruding organs in their natural cavity; the spring can be placed at either extremity of the semi-circular aperture by loosening the screw which passes through the spring into the sliding nut within the aperture, when the pad can be turned; at or near one extremity, it is a *right side* truss, and at the other a *left side* truss. The two screws passing through the cross bar into the compress, are compress screws. When the truss is applied, the one nearest to the os-pubis is termed the pubic screw, whether it be a right or left side truss; and the one toward the iliac ring the iliac screw. The spring is always attached directly to the pad, therefore the pad, which is always placed upon the sound part, receives the full pressure of the spring, but by attaching the compress to the pad, a portion of the pressure is transferred to the compress, varying according to the diameter of the compress. When the pressure is found inefficient to close the canal, both the compress screws must be turned to the left until the required amount is obtained, in some cases, nearly all the pressure of the spring is required to be transferred from the pad to the compress. If increased pressure is required over the iliac ring, then the iliac screw only, which corresponds with the iliac ring, should be turned to the left, which would concentrate compression over that ring in just the proportion of turning the screw; if increased pressure is required over the pubic ring, then the pubic screw will be turned to the left, you will therefore perceive that if both compress screws are turned in the same direction, equal pressure is produced, but if turned in an opposite direction, unequal pressure is the result; consequently any portion of the pressure upon the pad can be transferred through the compress to the whole, or any portion of the canal, in precisely the proportion required, by which we are able to produced adhesive inflammation between the anterior and posterior walls of the canal, thereby in many cases effect a perfect cure. When properly applied, this truss never presses upon Poupart's ligament, nor the pubis, neither does it come in contact with the action of the thighs; to this importance I have already referred.

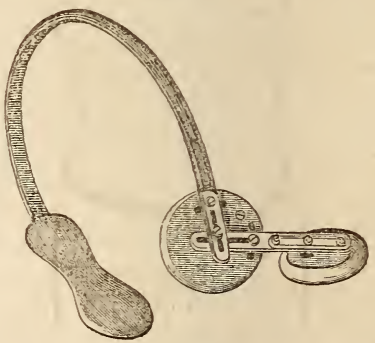
Having demonstrated what I deemed requisite in the construction and capacity of a truss for the treatment and cure of the *first* variety and most common form of indirect hernia, but few words will be necessary in the description and treatment, of what I denominate the *second* variety, which is described in the books, as congenital hernia. I question the propriety of this latter name, because it leads to the conclusion that it must always exist at birth, which is not the case, as we have cases recorded from good authority, where this variety never showed itself, until at adult age: one case I remember was a man thirty years; these in my opinion prove conclusively that this variety may exist and not be congenital.

The difference in the first, and this the second variety, is that the protrusion in the first enters and passes through the canal in front and outside of the tunica vaginalis, clothed in its proper sac of peritoneum, being an elongation of that within the abdominal cavity; while this second variety enters the canal without any sac, inside of the tunica vaginalis, and substituting it as its sac; the protrusion being the same in both these vari-

ties, commences at the same point, and terminates at nearly the same point in the scrotum, therefore the same truss, in precisely the same position, is all that is required. The *third* and the last variety of this, the indirect form, which is supposed to be the least frequent, enters the canal within the tunica vaginalis, as does the second variety, but like the first, is clothed in its proper sac of peritoneum, before entering that tunic, thus adopting the essential points of both the other varieties, you will therefore understand that the same truss is to be applied in precisely the same manner.

Having concluded my remarks on the three varieties of indirect inguinal hernia, we will consider another form of inguinal, in which the protruding parts, being the same, avoid passing through the illiac ring and canal, by making their escape through the posterior wall of the canal, directly through the pubic ring; this form is called direct inguinal hernia; you will therefore perceive that the only difference in the direct and indirect form, is that in the indirect, the protrusion passes through the iliac ring into the canal, and escapes at the pubic ring, after passing through the whole length of the canal, while this the direct, lacerates the posterior wall of the canal, and makes its escape directly through the pubic ring, without passing through the iliac and canal; consequently, no pressure is required at the iliac ring, or upon the canal, but directly over the pubic ring, by which we plug up that aperture with the intervening parts; this is effected by the application of the same truss, in the same manner, varying only the position of the compress, which is arranged by turning to the left the pubic screw, until the corresponding end of the compress is pushed back sufficient to produce the requisite amount of pressure; was this compress attached directly to the spring, without an intervening pad, it would enlarge the ring equal to the diameter of the compress, but in this arrangement the pad checks the compressive power of the compress at any point which may be designated, by turning the pubic screw equal to the demand. As this closes my remarks in regard to inguinal hernia, I will proceed to consider another kind, which does not adopt a course above Poupart's ligament, like those already described, but the protruding parts pass out immediately below the ligament, and internal to the femoral vein; this kind is called femoral hernia, it will be perceived that any reasonable amount of pressure applied above or upon Poupart's ligament would not have the desired effect, as this, like the direct form of inguinal hernia, has no canal to compress, we have to plug up the apertures. The femoral ring being peculiarly situated, the form of the pad generally used is entirely unadapted to the contracted space where the pressure is required, therefore the ligament of Poupart necessarily receives the most of the pad, consequently the protrusion is allowed to pass out as far as the anterior margin of the ligament before receiving any check from the pad, which acts upon the same principle as applying a concave pad to inguinal or umbilical hernia, by which the concavity is permitted to be filled with the protruding parts, thereby not only completely depriving the ring of the power of contraction, but secures an expansion; furthermore, the truss generally used for this kind of hernia presses heavily upon the femoral vessels, which should certainly be avoided. You understand that pressure upon the artery would contract its size to the extent of the pressure, and cut off nutrition from the leg to the same extent; you also perceive the effect of pressure upon the vein and nerve. I now show you a truss (Fig. 4) con-

Fig. 4.



structed especially for femoral hernia; like the inguinal truss, it has a front pad and compress,

Fig. 5.

but unlike that, an arm is attached to the pad

and the compress to the inferior extremity of the arm, the truss is applied (Fig. 5) in the same manner as the inguinal, the pad holding the same position above Poupart's ligament, and for the same purpose, that being for receiving and reserving the pressure from the spring, to be transferred to the compress in precisely the proportion demanded; the arm, you see, is so arranged as to extend or retract the compress below Poupart's ligament, as may be required, also to give it the exact desired angle, to avoid pressure upon the femoral vessels, by which the upper extremity of the compress should be placed directly in front of the femoral aperture ("or ring") which is situated, as before stated, just below Poupart's ligament, and immediately internal to the femoral vein, generally extra pressure is required at the upper end of the compress, which is obtained by turning to the left, the corresponding compress screw; the object of the compress in this kind of hernia, is to plug up the aperture with intervening parts, as in the direct form of inguinal.

Now we come to the subject of umbilical hernia, which is situated at the umbilicus or naval; the protrusion in this form passes directly through the parietes of the abdomen, the principle of pressure of a truss for this kind of hernia, although a somewhat differently constructed truss, is the same as those described; as there are no vesels here which may be endangered by compression, and no bone or ligament to produce unequal pressure, the front pad is circular in form, that portion next to the skin when applied, is concaved for fitting the convexity of the abdomen; the outside being proportionally convex through its centre, is a circular aperture for receiving the flat and outer portion of the compress, which is externally on a plain with that portion of the pad which immediately surrounds it; the inner portion of the compress is convex, and should be placed directly over so as to project to a certain extent within the ring, it being surrounded by the pad which is placed upon the sound parts is disallowed to enter the ring, further than permitted by the compress screws, as in the inguinal and femoral truss applied, (Fig. 5). In conclusion, I will state that ventral hernia is a direct hernia, and may pass through any portion of the abdomen undescribed in other hernia; it is stated by good authors that this kind most frequently exists between the recti abdomina muscles above the naval. This form is less frequent than any of the other three forms. Either of the three trusses described might answer for this form of hernia, but the umbilical truss would generally be best suited, because of its most frequent position being as above stated.

# Communications.

## CASES IN PRACTICE.

By J. H. Finfrock, M. D.,
Of Laramie City, Wyoming Ter.

I have a few cases to report, which have occurred in my practice during the last six years.

### Fracture of Skull—Hernia Cerebri.

A boy four years old, was kicked by a mule, crushing in the left frontal eminence. I saw him ten hours after, having all the symptoms of compression. I removed about three ounces of coagula (one-half brain) raised the depressed bone—size of a twenty dollar piece—applied water dressing. Left some purgative medicines, and returned to my post—Fort Halleck 31 miles distant—first telling the parents that there was but little hope of his recovery.

I read daily reports, and visited him on the fifth day and found hernia cerebri, which had raised and almost detached the bone, it having some attachment by its superior border when first dressed. I now removed it, and shaved the brain off to a level with the surrounding parts, and applied a leaden compress. Suppuration was established a few days after, and the discharge was quite free for nearly three months. Once during this time I removed about one ounce of brain. From the date of injury to the third month, there was complete paralysis of the opposite side.

I saw him last, about six months after the injury; the wound was healed, he was enjoying good health, but there was still some paralysis of the facial and lingual muscles. I have since learned that he died of "fever" about eighteen or twenty months after the accident.

### Gunshot Fracture of Femur.

A soldier, aged 19, of our regiment (11th Ohio vol. cavalry) received a gunshot wound on the 18th of April, 1865, fracturing the right femur near the middle of the bone. I saw him first on the 21st day after the injury; water dressings had been applied for ten days, at which time a straight splint was applied, and he was removed to the hospital at Camp Collins, Colorado. I found the wound discharging freely good healthy pus, and upon examination removed several pieces of necrosed bone, and found the bone was uniting.

He was laid upon a hard mattress; flax seed poultices applied; plenty of good food allowed; occasionally a cathartic adminstered. An attempt was once made to apply a Smith's anterior splint, but it causing great pain was abandoned and no apparatus was ever applied. Eight months after the acident he was able to walk without any support, limb one inch short, and foot reverted a little, wound entirely healed; since then I have lost sight of him, but think he is about Leavenworth, or Kansas City. Name is Charles Engle, and should this meet the eye of any medical man knowing him, I should be pleased to hear of his condition now.

### Mutilation of Arm by Musket Ball.

Mr. M. G—— had his left arm mutilated by a musket ball entering near the styloid process of the ulna and emerging two inches from the head of the humerus on the outer side, passing through the elbow joint. I saw him on the fifth day; the arm was gangrenous to within a few inches of the exit of the ball. Wound open at the elbow and filled with pus and maggots.

I had my steward administer *ether*, alone; he came under the influence very readily. I removed the arm, leaving about an inch and a half of the bone, with little hemmorrhage, and had been but little at first. He rallied well, made some remarks about it being lucky for him that it was his left arm, and in this condition I left him, and returned to my quarters. In a little less than two hours, the steward came running to me saying that he believed the man was dying; upon reaching the hospital I found him dead. No hemorrhage, no apparent cause. Our post commander, whose ignorance perhaps was never surpassed by any man that ever "donned a golden leaf," positively refused a post mortem examination. The ether used was that furnished from the United States Laboratory, Long Island.

### Vital Statistics of London, Berlin, Paris, and Vienna.

A reliable statistician gives the following comparisons between the four principal cities of the Continent—London, Paris, Berlin, and Vienna. The greatest number of legitimate children are born in London; the smallest in Paris. Vienna ranks foremost in illegitimate births; London has the least. Most marriages take place in Berlin; the fewest in Vienna. Still-born children are most numerous in Paris; least numerous in Vienna. Paris has the greatest density of population; London the least. Berlin consumes the least quantity of meat; London by far the greatest.

# Hospital Reports.

Jefferson Medical College,
*Philada.*, *Oct.* 17, 1868.

Clinic of Prof. Gross.

Reported by Dr. Napheys.

### Extrophy of the Bladder and Double Hernia.

B. æt. 6. This boy is tall, well nourished, has a good complexion, well developed limbs, and is perfectly formed, excepting at the lower part of the abdomen, where a red tumor is observed. Immediately below this reddish projection an organ resembling the penis is seen. The head of the penis lies between the tumor and a little mass of skin below, which is the prepuce. Around the tumor and penis there is a circular swelling. On the lower part of this mass the testicles are found, and on each side an inguinal hernia complicating the case. Water is seen to be passing off from the reddish surface, and on each side of this surface there is an opening corresponding with the situation of the ureter.

The red mass, larger in the transverse than in the vertical direction, situated between the penis and umbilicus, is the posterior wall of the urinary bladder, the anterior wall of that bladder being absent. The posterior wall is pushed forward through an opening existing in the wall of the abdomen. This affection, constituting extrophy or eversion of the bladder, is a congenital malformation and not the result of an accident. It consists essentially in a defect in the anterior wall of the bladder as well as in that of the abdomen. The pubic bones are also wanting, there being a large gap in the middle line where there is no bony structure whatever. This defect is much more common in male than in female subjects.

Professor Gross has seen a large number of such cases, certainly from eighteen to twenty. The affection is very frequently accompanied by hernia on one side, sometimes on both sides, as in this instance, and always with that variety of malformation of the penis called epispadias. The head of the penis is defective, it is flattened.

The testes are frequently fully developed and situated in the scrotum, but sometimes they remain in the groins. In the female this defect is accompanied with certain malformation of the genital organs, frequently deficiency of the clitoris and nymphæ. But there are cases reported in which females are capable of menstruation and conception. In the male there

is naturally impotence, but not any absence of the ordinary voluptuous feeling attendant upon the age of puberty, for the testes are usually very well developed. The urine dribbles off constantly, sometimes in a stream, at other times simply diffusing itself over the parts. The skin around is therefore apt to be excoriated.

The question arises, what is to be done. Mr. Simon, of London, performed an operation a number of years ago, by which he attempted to insert the ureters into the bowel. His operation was somewhat successful, but the result was not fully satisfactory, and in its performance he placed in jeopardy the life of the patient. Of late years attempts have been made to cover this raw surface by taking integument from the neighboring parts, and uniting the edges at the middle line, so as to form a flap to protect the raw surface. The operation has been performed in a number of instances. Professor Pancoast performed it at this clinic in an elderly man, who finally died from an attack of pneumonia. The operation did not succeed very well. Dr. Ayers, of Brooklyn, had a case in which the success was gratifying, but by no means complete. It is doubtful whether complete success can ever be had, for the urine coming in contact with the edges of the wound will prevent union. The wound which it is necessary to make is always of a formidable character, and requires a long time to heal. The patient may have erysipelas, peritonitis or emphysema, or he may suffer from severe traumatic fever, so that the operation is liable to be followed by very serious consequences under the best of circumstances.

### Mammary Tumor.

Mary ——, æt. 37; married. She has been married for fourteen years, and has had four children, the youngest being eleven years of age. A swelling made its appearance in the right breast last winter. That breast is now much larger than the other, but it is quite movable, having apparently no strong adhesions to the subjacent structures. The tumor feels hard, and is of large size; there is no fluctuation, but at certain points a little softness. The nipple retains its integrity, it is not retracted, it is soft. There is no enlargement of the subcutaneous veins.

Her health is good; tongue looks well; appetite not impaired; she sleeps soundly; has lost no flesh; is not easily fatigued; and her spirits are good. She has no pain in the part She still menstruates. The tumor was punctured some time ago, and two ounces of fluid issued. She has not attained that period of life in which scirrhus of the mammary gland is usually met with. It commonly makes its appearance between forty-five and fifty, about the time of the cessation of the menses. But encephaloid may come on at almost any period in the female breast. It is true it rarely appears until after the age of puberty; in the great majority of cases, between the age of twenty-five and forty-five. It is rapid in its development, generally unattended with pain, or if there be any it is much less than in scirrhus, because the nerves are not so much compressed as in the hard form of cancer. The tumor is also softer and larger than scirrhus, and not unfrequently it happens that there are little cysts in it, and sometimes cysts of a considerable size, upon puncturing which, fluid of a muddy character escapes, which fluid is often but not necessarily coagulable by heat, acid and corrosive sublimate.

Cystic tumor of the breast in women of this country is of very rare occurrence. It is always benign, never returning when the disease is removed. Encephaloid, on the contrary, is a disease exceedingly prone to return either in the part, in the cicatrice, in the neighboring lymphatic glands, or in some other part of the body, being in this respect exactly like scirrhus.

There are reasons for believing this tumor to be encephaloid in character; the patient at present refuses to have an operation performed.

### Adenoid Tumor of the Breast.

This woman, married, æt. 38, has had six children, the youngest being eleven years of age. Almost two months ago swelling of the right breast was first noticed. Several little tumors can now be felt, they are of irregular size, quite small, very hard and firm. The nipple is perfectly sound and not retracted. The skin is not discolored. The lower portion of the breast seems to be natural. The swellings are situated apparently in the midst of the breast.

There is no evidence of any malignancy, the affection is that known as adenoid tumor of the mamma. It is a very common affliction in young girls soon after puberty, and not unfrequently connected with dysmenorrhœa. The pain which exists is generally of neuralgic character, liable to be aggravated at every return of menstruation. In such cases relief is usually obtained from the adminsteration of anti-neuralgic remedies, particularly quinine and arsenic, and the application of ointments containing veratria. Sometimes the employment of leeches is of service, together with a lotion of acetate of lead and attention to the general health. When the tumor is very

hard and the seat of severe pain, it is necessary to resort to excision. In this case an operation will be performed, merely the affected part being removed.

The patient was placed under chloroform, and the tumor removed. One artery was tied, and the wound closed by three interrupted sutures, with the aid of strips of adhesive plaster, in the intervals between the stitches. The dressing will consist of a mixture of from four to eight parts of common oil or glycerine to one part of carbolic acid, absorbed upon cotton or patent lint, and placed in direct contact with the surface, the whole being covered with a piece of oiled silk, or a piece of plaster made of three parts of gum shellac and one part of carbolic acid.

# Medical Societies.

## FIFTH ANNUAL RE-UNION OF THE O. Æ. SOCIETY.

The fifth annual re-union of this flourishing Society took place on the evening of the 26th ult. at the Bellevue Hospital Medical College. The day had been obscured by fast falling snow-flakes, and dark heavy clouds threatened seriously to interfere with the general promises of the programme, but long before the appointed hour the forbidding clouds rolled away to the west, the moon shone out bright and clear, and at half-past seven the large lecture-room of the college was filled with a galaxy of beauty and intelligence. Shortly before eight o'clock the faculty filed in from their rooms, and were greeted with hearty and long-continued rounds of applause.

The Rev. Dr. Alfred B. Beach opened the exercises of the evening with an appropriate invocation to the Throne of Grace, after which the President of the Society, Dr. Philip Woolf, delivered the annual address, in which a brief sketch of the aims and objects of the Society was given, as well as some sound advice to those who had just received their degrees. The President felt assured that the common opinion prevailing among young graduates that the older practitioners were their tacit enemies, envious of their success, or oblivious to their merits, was a mistake. The conscientious young practitioner has really no better friends than his seniors in the profession.

Professor Lewis A. Sayre then addressed the Society as follows:

*Ladies and Gentlemen, Mr. President, and Members of the O. Æ. Society*—You have been kind enough to invite me to address you upon this, the fifth anniversary of your Society. A society organized for such noble purposes as I understand yours to be, namely the mutual literary and professional culture of its members, deserves and should obtain a high position. Viewing your Society in this light, I take pleasure in complying with your request to address you with a few remarks. The next question is, what shall be the theme to which I shall call your attention during the few minutes allotted to me this evening? In casting about for a suitable subject, it has just occurred to me that as the most of you are now, in a few days, to assume the new duties and responsibilities of the practical exercise of the profession of your choice, and having passed over some little distance on the same road in advance of you, it seems proper that from my present stand-point, I should take a hasty glance over the road just travelled, back to my early starting-point, to the place you are just now entering, and see if I can give you any advice, to guard you against the shoals and quick-sands which may endanger your professional future, and guide you in the sure path to usefulness and honor.

Too many in our profession in assuming this new responsibility, in accepting the degree make the fatal error of thinking that they have ceased to be *students* when they become practicing physicians. A more fatal error could not be committed. It is sure to lead to a low degree of professional standing, and it is dangerous to all those patients who may be so unfortunate as to employ a physician who has so low an estimate of his professional responsibilities and obligations.

While engaged in your college curriculum, if you fail to apply yourselves with diligence to your studies, no one is injured by it but yourselves; the community is not endangered by your ignorance. We, the professors, stand as a guard between you and the people. But when we grant you the degree, giving you the authority to practice, having found after a careful examination that you are conversant with the science up to its present stand-point, you must then recollect that you have assumed the responsibility of keeping yourselves upon the very crest of the tidal wave of its continual advancement.

Medicine is not one of the exact sciences—fortunately it is not—and from this very fact you have constant opportunities for study and improvement. Each day our science is gradually *approaching* exactitude, our knowledge is growing more minute and perfect, our ability to successfully treat disease more certain. These im-

provements and new lights your patients have a right to demand a knowledge of in you, and it can only be obtained by a constant devotion to study. As soon as you cease to be students you should, as a matter of conscience, cease to be *practitioners*. Though knowledge be the first essential requisite for the practice of our divine art, there must be beyond and above this, correct principles to guide us in using it rightfully. You must be governed always by the most rigid virtue and the strictest veracity; your character must be pure, and your honor above reproach, otherwise the power derived from knowledge thus obtained will only serve to make you dangerous members of the community. The whole object of your life, the whole motive of your ambition, should be the most speedy removal of disease and the best application of the most accurately ascertained plans and principles of the treatment of disease in the various cases that may be entrusted to your care. Let this be the governing principle of your professional life, and not the gain or profit which may be made by it as a trade, and it will certainly lead you to professional distinction and well-deserved honor.

In all your intercourse with your professional brethren be courteous and honorable, being neither sycophantic and servile, nor arrogant and dictatorial. Maintain with dignity the true honor of your profession, and never permit ignorance, even should it be found in high places, to be detrimental to the best interests of your patients. The first few years of your professional life will probably not be overtaxed by attention to the wealthy or the great. Persons of wealth or fixed position are generally already in the hands of professional men of established reputation and position. In the hovels of the poor, in the cellars, back alleys and garrets of the city, most of your time will be spent, or if your location should be in the country, your patients will most likely be found in small cottages or hamlets of the more sparsely settled sections of your district, and not in the princely mansion of the lordly millionaire, whose pompous show of wealth commands the admiration of the villagers for miles around. But remember that whatever contrast may exist in the worldly position between the pauper and the prince, their physical frame with all their delicate and intricate organization is governed by the same laws, made by the same Almighty hand. The great centripetal idea of humanity,

"A man's a man for a' that an' a' that!"

should never be forgotten. Your duty, therefore, as physcians is to give to these poor patients, who may apply to you for relief, the same skill care and attention as if they were the wealthiest persons in the land. You may probably receive no pecuniary compensation for your labor, or at most, but little, but you will have the greater and higher satisfaction of having at least conferred the benefits of scientific skill, upon a poor suffering fellow-creature. To have saved or prolonged a life which but for the application of that skill would have had an untimely end, or to have restored a malformed useless cripple to all the beautiful symmetry of his natural proportions, giving him thereby the opportunity of being a self-sustaining as well as a self-enjoying and useful member of the community, will give you more pleasure and satisfaction as honorable physicians than all the wealth you might obtain by pandering to the prejudices and desires of the vicious. The gratitude of these poor people for the benefits thus conferred will find vent in tongues of warmest praise and appreciation of justly deserved, honor, which without resort to the puffing and newspaper advertisements of the designing charlatan, will in due course of time bring your proper merits to the just appreciation of the wealthy and the great, who will in turn seek your advice and counsel when you have by this means proved that it is better than they can get elsewhere.

You have displayed so much good taste in inviting this beautiful array of the fair daughters of our city to be present at your anniversary this evening, that I feel that it is entirely unnecessary for me to give you any advice about one of the most important and necessary acts of your professional life, namely, the selection of some one fair damsel as a companion to share your joys, and sympathize with you in your sorrows; may your choice be such that the idea of England's great poet may be realized:

"O blest with temper, whose unclouded ray
Can make to-morrow cheerful as to-day.
* * * * *
She who ne'er answers till a husband cools,
Or if she rules him, never shows she rules,
Charms by accepting, by submiting sways,
Yet has her humor most when she obeys."

By a careful consideration and proper *application* of these few hasty thoughts, I feel confident that your distinction will be such as to confer honor upon your *alma mater* and be lookod upon with pride and satisfaction by all the future members of the O. Æ. Society.

Next in order came the regular toasts of the evening. Professors Hamilton and Barker both being absent, the third toast, "The Ladies," was responded to by Professor Elliot. He re-

marked that he knew that he had one sincere friend in the world. He said to the Doctor, "I hear that you have to respond to the 'Ladies' to-night; you have my heart-felt sympathy." Dr. Elliot thought that he deserved a double share of sympathy from his fair audience, seeing that Prof. Sayre had included the ladies in his address, and after that superb quotation from one of the old English poets, had indeed left but little for him to say. He considered that just now it was somewhat dangerous to speak for woman, who at last, after a long and characteristic silence, is beginning to insist upon speaking for herself; who knows but that the time may be almost at hand when we shall hear falling from the fair lips of beauty, in soft melodious cadence,

"The gentlemen, God bless them!"

With women arguing metaphysics in the pulpit, wielding the scalpel in the sick room, managing the press and organizing political majorities, there is but a step to the remaining fields of labor, and there may be lineaments of fair faces now covered perhaps by mantling blushes, which are yet destined to groove their furrows in the grave debates of the Senate chamber, or in expounding the doctrines of the law.

Who shall paint the dawn of such an era that shall usher in the full fruition of all the sex? The pallet of another Guido must furnish the brilliant colors. Aurora with rosy tipped fingers still marshalls on the day, the feminine circling hours retain their accustomed places, but the male Apollo hurled from the central place of honor, yields the reins to the bright-eyed goddess who typifies the blissful era. A millenium sheds its beneficent rays upon the earth, and man, shorn of his old supremacy, still let us hope may bask in the sunshine of woman's favor, and abrogating all claims to distinctions in war, heartily desire that each and all the Venuses may enjoy all the rights and privileges of Mars. Well might one shrink from answering such a toast, at the thought of the near approach of such an era. But I am not here to speak for myself, I am here in the garb and with the privileges of a herald; I speak for my constituency. Four hundred young gentlemen, not satisfied with hearing me lecture for the last five or six months on woman, demand that I shall say something more upon the same subject before we part, and in conclusion, I can only say that I commend my constituency to your most distinguished and tender consideration.

At the conclusion of Prof. Elliot's witty and classic address, Prof. Hamilton made his appearance and responded to the first regular toast of the programme, "The Bellevue Hospital Medical College." Prof. Hamilton remarked that in responding he could not perhaps do better than to speak of what the college had accomplished. It was first organized in 1862, a year after the commencement of the war, at a period of time when literature, art and science generally languished. It was therefore a period unpromising and seemingly unpropitious. To-day scarcely eight years have passed, you have before you the young stripling of this short age; nearly four hundred students are before me, and one thousand graduates have passed from these halls. This is really a giant progress, and in looking for its causes we shall find that it is not because it is the only college in the city, there are at least two other orthodox schools at no great distance from us; it is not because it is conveniently situated, not because it is the cheapest college, for this college was the first to raise its price to the present amount; not because it has charity students, for it is the only college which has no charity students, we require *cash down* in every instance; neither would he say it was because of the superiority of its faculty; to be sure the faculty were physically pretty large men, but they are not perhaps correspondingly superior in intellect. The success of this institution he believed to be almost entirely due to the fact that it was the "Bellevue *Hospital* Medical College"—The union of clinical with didactic instruction. This is no new idea, nor is it true that we have not always appreciated the value of such a course in this country, but the time for its practical realization had not yet fully come, but now being fully established, we have no reason to believe that it will fail. The professor believes that sooner or later all the line of islands near the city will eventually be used for hospital purposes, and thus a rich and vast fund of materia be presented for instruction. He had no fears that the Bellevue Hospital Medical College would fail, on the contrary, it is full of promises for the future.

The fourth regular toast, "The O. Æ. Society," was then responded to by Geo. H. Penny in a very able manner, his address abounded in well chosen classic allusions, and recalled the pleasing recollections and associations which they had enjoyed together as members of the society. To those who were about to strike out into the untried ocean of the future, he wished God speed and abundant success in their chosen profession.

The fifth regular toast, "The medical profes

sion," was set down for Prof. Wm. H. Van Buren, and the sixth, "American Surgery," was to have been answered by Prof. James R. Wood. Both these eminent lights being unfortunately absent, loud calls were made for Prof. Hammond, who came forward and gracefully declined to answer three different toasts at one time. As this was a matter altogether out of the question, he concluded that it would be best for him to say nothing at all. Nothing daunted, the audience having caught sight of Prof. Dunster of the Vermont Medical College, unanimously and uproariously signified their desire to hear from him.

Professor Dunster came reluctantly forward and faced the music, literally and metaphorically. He could not see the slightest propriety in calling upon him to address this college, seeing that he belonged to a different institution, but if they insisted upon having the Vermont College represented, why here was Prof. Crosby, who would no doubt be delighted to take his place.

Loud calls were immediately made for the unfortunate Professor, until he made his appearance at the rostrum. He said "he considered that suggestion of Professor Dunster the unkindest cut of all; he was astounded, amazed, he might almost say with deference, and in a good sense of the word, disgusted. He felt very much like Professor Holmes, of Boston, when he was called upon to fill the place of Mr. Everett, or somewhat in the condition of a celebrated sea captain, who had failed to return a salute on his entry into port; when asked by the commander why he failed to return the salute, he said there were some hundred good and sufficient reasons—*first*, he had no powder!

"If," said the genial Vermont professor, "I had the eloquence of my friend Professor Sayre, I might possibly make up for the lack of powder." He felt convinced while listening to the remarks of Professor Sayre that the latter was designed for a Methodist minister, and that somehow he had naturally drifted into the chair of orthopædics, not only to straighten crooked legs and backs, but also the morals of the community, which were certainly very loose and out of joint. While listening to the classic remarks of Elliot upon the ladies, he was reminded of the remarks of one of the ancient philosophers, who said that woman's true ballot-box was the cradle, in which she should deposit not *votes* but *voters*. The good-humored professor here complained of feeling very much embarassed, and took a drink of water. He then proceeded to remark that he felt himself very much in the position of Artemus Ward, when he went to visit the Mormon widows; there were seventeen of them, he told them that he was far away from home, and that he hoped their intentions were honorable. The Professor then gave a humorous description of the origin of the O. Æ. Society. He had looked the matter up, and learned that these mystic letters stood for "Occulus Æsculapii." The eye of Æsculapius. The Society had been originally founded in Egypt or some other foreign country, and had only been recently resuscitated. No report can do justice to the impromptu effort of the Vermont Professor, it was the decided hit of the evening, and like a glass of champagne, it ought to be taken when delivered, to be fully appreciated.

The seventh regular toast "the Graduating Class," was appropriately responded to by R. Carney, after which the audience dispersed. The exercises were agreeably insterspersed with selections from the "Grand Duchesse," and other favorite operas, by Wallace's band, contributing very much to the enjoyment of the evening.

The annual election for officers resulted in the choice of the following named gentlemen:

*President*—Dr. E. C. Harwood, New York.

*Vice-President*—Mr. Somerville P. Hammond, New York.

*Secretary*—Mr. C. M. Hobby, New York.

*Treasurer*—Mr. J. M. McWhinnie, Canada.

# Editorial Department.

## Periscope.

### The Stethoscope.

Dr. Paul Niemeyer, of Magdeburg, calls attention in the *Deutsche Klinik*, Dec. 5th, to the discrepancy between the theory and practice of Lænnec. His theory was that the scratch of a needle on one end of a long beam could be heard by applying the ear to the other end, and that this depended upon the conduction of sound through the solid medium. In practice he used a roll of paper, subsequently a hollow wooden cylinder; that is, he used a medium of wood and *air* in ausculting.

Now it is an established fact that wood is a better conductor of sound than air; pine wood, according to Chladui and Lavart, conducts sound eighteen times better than air.

Niemeyer asks: Why do we, in the ordinary stethoscope substitute a notoriously bad conductor for one notoriously good? In other words, why do we make that useful instrument hollow? He

recommends the use of solid stethoscopes, made of that variety of pine wood which is used for the sounding-boards of musical instruments. The ear-piece must be in one with the body of the instrument, and not screwed on.

### Meat-broth.

Kemmerich makes the following assertions:

1st. A small dose of concentrated meat-broth increases the force and frequency of the heart's action; large doses act toxically, and produce death, with symptoms of cardiac paralysis.

2d. The active principle upon which the above effects depend, consists mainly of the potassa compounds contained in meat-broth.

3d. The salts of potassa, in small and medium doses, do not retard the heart's action, but on the contrary, stimulates it.—(*Pflüger's Archiv f. d. ges. Phisiologie*, 1868.)

As the first rather startling assertion has a very important practical bearing, it would be well for others to follow up the investigation.

We hope that patients have not been unwittingly killed with beef-essence in days gone by!

### Foreign Objects in the Lungs.

A metallic tube composed of zinc and copper, one-half an inch long and weighing eleven grains, was recently in a fit of coughing expelled from the lungs of a girl twelve years of age living in New York City. The tube, being the whistle of an India-rubber air ball, was two years ago accidentally forced into the upper part of the larynx, and thence, in the attempts to remove it by emetics, was lodged in the lungs. During the whole of the period mentioned, the girl suffered from an oppressive sensation on the chest and from continued coughing. During one of the paroxysms the tube was ejected. This occurrence gives a strong illustration of the remedial force of nature which is sometimes successful in affording relief when all the resources of surgery and medicine have been tried and failed.

### Mercury Fumes.

The dangerous action of mercury upon the health of laborers in looking-glass manufactories is well known. According to a recent investigation, however, it is shown that it is a mercurial dust rather than the sublimed vapor that produces disease. This dust can be prevented from flying by adding one-half per cent of sodium to the mercury, which completely neutralizes any such tendency. The saving of the mercury more than equals the cost of the sodium.

# Reviews and Book Notices.

## NOTES ON BOOKS.

We have received from Orange Judd & Co., 245 Broadway, New York—to whom practical and amateur gardeners are under so many obligations—a very valuable little work, entitled, "Practical Horticulture, a Guide to the Successful Cultivation of Florists' Plants, for the Amateur and Professional Florist." It is edited by Peter Henderson, and is profusely and beautifully illustrated. It contains designs for laying out village lots, walks and grounds surrounding houses, gardens, flower-beds, etc. *Price* $1.50.

In a recent notice of the *Clinico-Pathological Reporter*, published at Jefferson, Texas, we omitted to mention that it was edited and owned by Drs. J. A. Richardson and V. E. Henderson. It promises to be a useful stimulant to professional advancement in that immense State.

**Syphilis and other Local Contagious Disorders.** By Berkeley Hill, M.B., Lond, F. R. C. S. Philadelphia: H. C. Lea. 1 vol., cloth, 8vo., pp. 467.

In this work Mr. Hill gives an exceedingly useful digest of the history, pathology, and usual English treatment of venereal disorders. He does not clear up any of the mooted points in its pathology or origin, but he has opinions, and expresses them boldly—a little too confidently perhaps now and then. He is a dualist, and a mercurialist, and from his book one might think that all sound men were—which is not the case.

His style is extremely lucid, and his arrangement clear and judicious. At the end of nearly every chapter he adopts the commendable French custom of giving a summary of what he has been over. Syphilis, chancre, gonorrhœa, and accessory venereal disorders, are the subjects of the different parts of the book.

On the whole, it is a very useful abstract of what is known and currently received in syphilography, and is eminently practical in character.

### Vaccination.

The prejudice against this simple method of protection against the frightful disease, the small-pox, does not seem to have died out. At Sheffield, England, recently, a respectable merchant was bound over on a charge of libel, for publishing a hand-bill, in which vaccination was asserted to be the mark of the beast spoken of in the Book of Revelations, and the Chairman of the Sheffield Board of Guardians of the Poor was described as another Herod, urging on the slaughter of the innocents.

Medical and Surgical Reporter.

PHILADELPHIA, MARCH 13, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical* *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

## The PENNSYLVANIA TRAINING-SCHOOL FOR FEEBLE-MINDED CHILDREN.

The sixteenth annual report of this institution is before us, and an inspection of its interesting pages leads us to believe that a statement of the aims, the fruits, and the condition of this noble charity, will please all our readers.

On the 10th of February, 1853, the preliminary steps were taken to found this, the third institution of its kind in America.

The superintendent is appointed by and is responsible to the board of directors, and is their chief executive officer, being governed by instructions contained in the by-laws of the institution. The present superintendent is Dr. Isaac N. Kerlin, who has held that position for several years, and has displayed in an uncommon degree that rare combination of business tact, executive skill, and intimate acquaintance with morbid psychology, which the position demands.

A matron and five female teachers, amiable, intelligent and full of tact, aided by three or four trainers, possessed with that "patience which is long and is kind," are in daily contact with the school classes. These are graded according to capacity for instruction in reading, the first lessons being the fixation of an eye on a block or bead, the grasp of a wand or dumb-bell. The children are passed in classes, daily, before each of these eight or nine instructors, meeting thus as many varieties of mind, discipline and tact, yet all bent toward one object.

There are other groups sent to the fields, roads and farm; they are either incapable of school advancement, or having been taught reading and writing, are now more wisely and happily employed in manual labor.

The sexes are permitted all proper association at meals, in schools and general amusements, which is believed to be natural, and has proved to be advantageous.

Since the foundation of the institution 501 pupils have been received, more or less feeble in mind, and many in body also. Of these there were

| | |
|---|---|
| Taught to speak, | 37 |
| Articulation improved, | 196 |
| Taught to read, | 187 |
| " write, | 113 |
| " feed themselves, | 45 |
| " dress themselves, | 70 |
| " walk, | 5 |
| Gait improved, | 214 |
| Reformed from bad habits, | 140 |
| " " destructive habits, | 256 |
| Accustomed to some employment, | 196 |
| Epilepsy cured, | 16 |
| " improved | 57 |

Besides these, very many have still further improved, and some entirely recovered after being sent home.

No one can over-estimate the advantage to the community of institutions so well managed as this, and we may well echo the words of a passage in Dr. Kerlin's Report:

"To the attentive, Christian reader, whether philanthropist or statesman, we commit our statistics as no dry figures, but as a valuable page of thoughtful study, upon which to found legislative and benevolent action for the future; if the work be laudable, to extend and enlarge it—there is no other alternative, even for comparison."

### Discoveries in the North Sea.

The results of the dredging expedition recently made by Dr. Carpenter and Professor Wyville Thomson, in the North Sea, are very interesting. In the first place, they discovered that at 200 fathoms, at least, animal life exists. At nearly a mile deep it is abundant; at that depth animals are as well developed as at the surface, beside they are not confined to the lower groups; the whole of the vertebræ are well represented. They also found that the temperature is not dependent on depth; even in places quite contiguous to each other the temperature was not uniform. In the deep waters between the Faroe and Shetland Isles, and to the westward, they find a formation being deposited which is exceedingly like chalk, and contains similar or identical fossils. The fauna differed somewhat with the temperature. The bottom of the sea to the westward of the islands named consisted of ooze, or shining mud, of the consistency of thick treacle, of a pale-grey color; this was full of sponges of the most extraordinary kinds, and of very singular forms. During six weeks the explorers only got five days of good weather.—*Scientific American.*

# Notes and Comments.

## THERAPEUTICAL BULLETIN.*

Compiled by Geo. H. Napheys, M. D.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc., etc.

The selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form.

Below will be found some formulæ designed to produce antiphlogistic and febrifuge effects, including, more particularly, remedies employed as

*Diaphoretics and Diuretics.*

Prof. Joseph Pancoast.

℞. Morphiæ acetatis,
Antimonii et pot. tart., āā gr. ½.
Spts. ætheris nitrosi, f.ʒss.
Pulveris acaciæ, ʒss.
Aquæ camphoræ,
Liq. ammoniæ acetatis, f.ʒiss. M.

Sig. Tablespoonful every hour until free perspiration and sleep are induced.

Prof. S. D. Gross.

℞. Antimonii et pot. tart., gr. iij.
Magnesiæ sulphatis, ʒij.
Morphiæ sulphatis, gr. j½.
Aquæ distillatæ, f.ʒx.
Syr. zinziberis, f.ʒij.
Acidi sulph. aromat., f.ʒss.
Tinct. veratri viridi, f.ʒiss. M.

Of this antimonial and saline mixture the proper average dose is a tablespoonful, repeated every two, three, four, or six hours, according to the exigencies of the case, where there is incited action of the heart and diminished, if not suspended secretion, as shown by pain, fever, thirst, and restlessness. Should it produce nausea, lessen the dose. Aconite may be substituted for the veratrum. Colchicum may be added when there is a rheumatic or gouty state of the system, and quinine when there is a tendency to periodicity. The quantity of morphia may be increased when there is much pain.

Dr. C. Murchison.

℞. Antimonii et pot. tart., gr. jss.
Pulveris moschi, ʒss.
Camphoræ, gr. xv.
Tincturi opii, f.ʒss.
Aquæ destillatæ, f.ʒiij. M.

Sig. Two tablespoonfuls to be given every two hours; after the third dose, the patient will generally fall into a quiet sleep. This combination was prescribed by Dr. Graves in a case of complete sleeplessness in typhus fever, with the best results. Drs. Aitken and Murchison bear testimony as to its usefulness.

Dr. T. H. Tanner.

℞. Pulveris opii,
" ipecacuanhæ, āā gr. j.
Potassæ nitratis, gr. viij.

Make a powder, to be taken every night at bedtime. Dr. Tanner considers this an improvement on the ordinary Dover's powder.

Prof. Gross seldom uses for an adult less than fifteen grains of Dover's powder, and frequently as many as twenty, repeated every eight, ten, or twelve hours. The action of these remedies should be aided by tepid drinks, and if there be much dryness of the surface, by sponging with tepid water. Quantities of Condy's *fluid* or of *muriatic acid* (f.ʒj. ad Oj.) may be mixed with the tepid water. (Murchison).

Dr. Gunning S. Bedeord.

℞. Pulv. ipecacuanhæ comp., gr. xxiv.
" ipecacuanhæ, gr. vj.

Divide in chartulos xij.

Administered, one every two or three hours, with the combined view of diaphoretic action and calming nervous irritability in inflammatory puerperal fever, etc.

With this, a free use of the nitrate of potash, either in gruel or water, will be found of advantage—say gr. xij. of the tumbler of the fluid, three or four times a day.

Dr. Murchison recommends *nitre whey*, prepared by boiling ʒij. of nitre in a pint of milk, and straining.

Dr. J. M. Da Costa.

℞. Potassæ acetatis, gr. xv.
Spts. ætheris nitrosi, f.ʒss.
Vini ipecacuanhæ, gtt. iij.
Syr. tolu, f.ʒss. M.

For one dose, four times a day. Useful in subacute pleurisy.

℞. Potassii iodidi, gr. viij.
Ext. pruni virginiani fl., f.ʒj.
Spts. juniperis compositi, f.ʒiij. M.

For one dose, ter die. To produce absorption of pleuritic effusion.

* Entered according to Act of Congress, in the year 1869, by Geo. H. Napheys, M. D., in the Clerk's office of the District Court for the Eastern District of Pennsylvania.

N. B. This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

Dr. Charles West.

| | | |
|---|---|---|
| ℞. | Potassii iodidi, | gr. xij. |
| | Potassæ nitratis, | gr. xxx. |
| | Spts. ætheris nitrosi, | f.ʒj. |
| | Liq. taraxaci, | f.ʒiij. |
| | Tincturæ scillæ, | ♏xxx. |
| | " digitalis, | ♏xxiv. |
| | Syr. aurantii, | ad f.ʒiv. M. |

Sig. Tablespoonful every four hours, for a child six years old. Employed in the treatment of pleuritic effusion, and continued steadily for several days. Its action may be seconded by a small dose of mercury given once or twice a day, as one grain of calomel, or three of gray powder. The mercury may be discontinued at the end of a week, but the iodide of potassa may be persevered with for two or three weeks.

### Poisonous Odors.

*L' Union Medicale* is very positive on the subject of the deleterious action exercised by the perfume of flowers, especially such as the lilac, jessamine, hyacinth, tuberose, on persons who have the imprudence to leave them at night in the bedchamber. The more or less fictitious cases of suicide and assassination, which have been related under this head, should not induce us to doubt the reality of the asphyxiating power possessed by strongly smelling flowers. Certain odoriferous fruits share the same deleterious property.

We read in the *Union Bourguignon*, of Dyon, that a grocer who had slept in a small room, in which the contents of three chests of oranges had been piled up, was found asphyxiated in the morning, and was only resuscitated by the most energetic treatment.

Our readers will also recollect a case not long since reported, of death resulting from the odor of quinces, which occurred froom sleeping in a room where a large quantity of them were kept.

### Hard Hits.

The Legislature of Illinois has been considering the propriety of passing a law forbidding persons who have no diploma from practising medicine. A writer, probably one whom the law would disagreeably touch, suggests to the Chicago *Times* a substitute, which he evidently thinks hits the regular profession very hard indeed. One of its sections runs thus:

"Sec. 5. Advertising.—If any doctor, who knows he is master of a disease, or has compounded a first class remedy, and shall let the people know it by advertising in the newspapers, and by circular, and hand-bill, as vulgar merchants do, and ignorant manufacturers do, and filthy railroads do, and mean low insurance companies do, and as the shallow-pated people of this vulgar age generally do, and shall neglect to advertise himself by making speeches to the prisoners in the bridewell, and neglect to deliver lectures to drunkards in the Washingtonian Home, and fails to get in as editor of a medical paper, or professor in a medical school, and shall fail to make long prayers in church, to be seen of men, or to sit in the best pew to be seen of women, and shall fail to invent other advertising dodges, while pretending not to advertise,—any doctor doing a straightforward advertising business, and paying the printers, shall be spotted as an ignorant upstart, and shall be driven out of the community, so that we can get his practice, and pay for our horse and carriage."

### To Ascertain the Power of a Microscope.

The *Scientific American* gives the following method for this purpose:

Place a small object of known length, say from 1-20th to 1-50th of an inch, on the stage of the microscope, and looking at this through the instrument with one eye, with the other look at a foot rule held at the level of the stage. With a little practice both may be seen at once, when by dividing the space apparently occupied by the object on the scale by the known length of the object, the magnifying power will be obtained.

If the power is very high, the best object to use is a glass micrometer, which may be purchased for a dollar or two, of any optician, with lines ruled on it to hundredths or thousandths of an inch.

### Tinct. Erigeron Canadense in Hemorrhage.

Dr. J. E. Garretson, of this city, says:

"In any ordinary hemorrhage, where something besides a local means seems necessary for its arrestation, 'tinct. erigeron Can.,' given in single drop doses each minute, will be found very reliable. To give it in larger quantities than this, or more frequently, seems to defeat the end. In epistaxis, or the internal hemorrhages, if not too severe, it is very useful, and seldom fails. The erigeron grown in Rhode Island, near the seacoast, seems to possess the most virtues."

### English Statistics.

The Registrar-General's quarterly report of the United Kingdom, gives births, deaths, and resident population as follows:

During the three months ending December 31st, 1868, there were 252,700 births, and 158,399 deaths. The increase was 94,307, the native emigrant 23,872. The marriages were 106,470, ending September 30 from July 1. The resident population of the Kingdom in the middle of 1868 was 30,369,845. Altogether

1,047,859 births, and 636,881 deaths were registered during the twelve months, thus making the natural increase 410,978 or 1177 daily. The recorded number of emigrants of home origin were 142,731, or 391 daily. The birth-rate per 1000 of England proper was 36.31, and death-rate 22.20, the rates are but very little above those of 1867.

### Correction.

We have received the following correction of a statement recently made in this journal, on the authority of the Philadelphia *Press:*

1104 Arch st., March 3d, 1869.

*Dear Doctor.*—The statement in your last issue, that I have accepted an appointment as Consulting Surgeon to the "Woman's Hospital" is *not correct.*

Truly yours,
R. J. Levis, M. D.

# Correspondence.

## DOMESTIC.

### Rational Therapeutics.

Editors Medical and Surgical Reporter:

I wish to refer to the treatment which I instituted in a case of puerperal convulsions, reported in No. 610 of your valuable journal.

There was undoubted evidence of the presence of *urea in the blood*, giving rise to the violent paroxysms, which were sapping the foundations of existence. The symptoms were *identical* with those presented by Frerichs as originating from uræmic poisoning; and the *ammoniacal odor of the expirations*, appeared confirmatory of the views he entertained in regard to the conversion of urea into the carbonate of ammonia.

The manifest indications in this case were the removal of the cause, and the arrest of the convulsions. For this purpose, colchicum, morphia, and the bromide of potassium were administered in large doses. These were the agencies which constituted the "tampering with human life," which Dr. Vance presents in his recent reflections and strictures.

As the patient was spare, and *rather anæmic*, there was no indication for the "broad-shouldered lancet." Would the poison have disappeared from the veins with greater rapidity than the life-current? But out of deference to the advocates of venesection, the lancet was resorted to in *this case*,* and over a pint of blood was abstracted from the system. The vein was opened a few hours after the accession of the convulsions, yet the loss of blood failed to ameliorate the symptoms in the slightest degree.

Confident of the beneficial effects of blood-letting in some cases, and of the efficacy of narcotics and anæsthetics in others, according to the indications presented, the "parallel case" he cites in his article, in its omission of venesection, does not by any means prove that its adoption would have saved the life of the patient—the sage suggestion of Mrs. Smith to the contrary notwithstanding.

In another case which came under my observation, the paroxysms commenced immediately after the advent of labor, and in which venesection was obviously indicated, yet its adoption failed to produce any salutary impression, except the dilatation of the os uteri, and the early delivery of the child.

The patient was unconscious almost from the onset of the first convulsion, and the sopor very soon merged into coma—the patient breathing as one laboring under apoplexy.

The object of my article on puerperal convulsions was designed to elicit the sentiment of the profession in regard to the nature and treatment of this fearful and ruthless malady.

If we succeed in reducing its great fatality by a better appreciation of its pathology and therapeutics, posterity will rise to crown our efforts with its grateful benedictions.

L. S. Blackwell, M. D.

*Pennington, N. J.*

* As the article was written somewhat hastily, the fact that venesection had been resorted to was not mentioned.

# News and Miscellany.

### The New Chemical Laboratory of the University of Leipsic.

This magnificent building is not only the largest chemical laboratory in Germany, but also in regard to its internal arrangement and conveniences for chemical analysis the most perfect. The corner stone was laid in August, 1867, and in November, 1868, it was opened for the reception of students. The building occupies some 7280 square yards, and in order to secure light and ventilation, has somewhat the form of a large E. It contains, in addition to the residences of the regular corps of professors and assistants, 58 rooms, 34 of which are heated by means of a large steam-boiler in the basement. As a portion of steam is required for chemical operations, a smaller boiler is also provided for summer use. Over 800 gas jets will be used for chemical and illuminating purposes. The regular working rooms are six in number. These are abundantly provided with apparatus, and are capable of accommodating over 100 practical students. Besides these, there are a number of

rooms arranged for special purposes, such as spectral analysis and photometric experiments, organic analysis, experiments in physics; also a special chamber for dangerous operations, and another in the basement for furnace operations. In addition to this, there is, in each story, a weighing room, and an apartment for each of the assistants. The auditorium will seat nearly 200 students. The arrangements for experimental instruction are such that each can have an unobstructed view of the operations of the professor. A special contrivance carries off the noxious gases and vapors, resulting from certain experiments. Directly adjoining the auditorium is the audience room of the resident professor, a chamber in which the assistants prepare the materials needed for the day's lesson; adjoining this is a large room containing the apparatus and numerous preparations needed in experimental research. Everything which human ingenuity could suggest for the simplifying of the laborious and time-consuming work of the chemist, is here definitely arranged in its proper place; and it seems almost impossible to realize, when we look upon the harmonious whole, that such a gigantic enterprise could have been brought to a successful result in the short space of fourteen months. The present resident Professor is Dr. Hermann Kolbe, to whose untiring exertions and wise supervision the origin and completion of this magnificent structure is mainly due. M.

### Ney's Battery.

This cheap and convenient battery is constructed as follows: It consists, in the first place, of a glass vessel, filled with a solution of sal-ammoniac; then of an amalgamated zinc plate, which dips into the vessel. Further, of a porous cylinder of clay, standing in the same vessel, and filled with carbonate of copper, in which a plate of copper is suspended. For field and telegraph purposes, it is well to fill the glass vessel with fine sand, saturated with sal-ammoniac solution, instead of the pure solution itself. It is only necessary to add the crystal sal-ammoniac from time to time, in order to keep this battery in constant activity. The carbonate of copper is itself insoluble in the sal-ammoniac solution; but under the influence of the galvanic current, the sal-ammoniac is separated into hydro-chloric acid and ammonia, the first of which attaches itself to the zinc, and the latter to the salt of copper, and dissolves it. During the reduction, a secondary current is produced, which is equivalent in strength to that of a Daniell's battery.

### The Gynæcological Society of Boston.

A society has been formed at Boston with the above title. The officers are Drs. Winslow Lewis, President; Horatio R. Storer, Secretary; George H. Bixby, Treasurer.

The purpose of the Society is stated to be the advancement of Gynæcic Science and Art, and their due recognition, both in Boston and throughout the country.

Active members shall reside in Boston or its immediate vicinity. Their number shall never exceed twenty-four; until six months after the foundation of the Society, they shall be limited to twelve. We wish it every success.

### Cancer Doctors.

There has lately been application made to the Court of Queen's Bench, London, for a criminal information against John Patterson, who is registered as M. D. of the University of New York, for addressing to a Mr. Frewen letters claiming a further sum of 100 guineas for attendances in a case of cancer when he had already received 150 guineas for attendance. His claim was enforced by threats to publish offensive and painful details of the case, and to send further letters to Mr. Frewen's club, written upon card-board. An ample public apology being tendered, Mr. Frewen asked to be allowed to withdraw, the details being painful to his feelings. The judges very reluctantly allowed this, as the offence was of a criminal nature.

### Save the Little Ones.

There has been formed in Paris a Society for the protection of infants, the object of which is to encourage mothers to nurse their own infants. At the meeting of this Society in Paris, recently, the President read a paper on "Nurses and Nursing," proving from history that the general neglect of mothers in this important item of their offspring had invariably marked an epoch of general decadence in public morality.

The Society awards prizes for the most careful country nurses, and for the healthiest infant. Thus, a medal and sixty dollars were awarded to two nurses who had respectively reared twenty-seven and eighteen infants. The Society has also caused an important change in the law of the registration of births. Heretofore the father was compelled to present the child within two days after its birth before the Mayor of the district. Now the father is allowed to give notice of the birth of the child, after which notice a doctor pays a domiciliary visit, and registers the necessary details, without exposing the life of the new-born child.

### A Family Problem.

The *Geauga (Ohio) Democrat* says: "A correspondent informs us that there are residing in one house in Geauga county, the following relationship, viz., Two wives, three mothers, two mothers-in-law, two grandmothers, one great-grandmother, one grandmother-in-law, two daughters, two daughters-in-law, two sisters, four sisters-in-law, two aunts, one great aunt, one aunt-in-law, one niece, one niece-in-law, two husbands, two fathers, one father-in-law, one grandfather, three sons, two grandsons, one great grandson, two brothers, two nephews, one grand nephew, and only eight persons in all."

—— Prof. Paul Gervais, who has just been appointed Professor of Comparative Anatomy at the Garden of Plants, has resigned his chair in the Sorbonne. This is a satisfaction given to public opinion.

—— Mrs. Harriet H. Hosmer, of Hartford, Conn., recently deceased, left large bequests to a number of benevolent objects. Among them is an item of $45,000 to Hartford Hospital, and an additional $25,000 on condition that homœopaths are recognized.

—— The snakes are making quite a raid on the people in India. It appears from the Oudi administration report that during the past year 1127 persons died from the effects of snake bites in that province; and from the central province, reports that 1874 deaths occurred from the same cause during the three preceding years.

—— A Chicago physician is accused by his wife of murdering new-born infants for a livelihood. She says he showed her one in a drawer with the marks of the choking around its neck. He denies the charge.

*[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

## MARRIED.

Branscomb—Livingston.—In New York, March 1, at the residence of the bride's parents, by the Rev. Dr. Geer, Dr. Wm. G. Branscomb, of Tisbury, Mass., and Lucy Livingston, adopted daughter of Daniel Darrow, Esq.

Fort—Brown.—On the 3d inst., by Rev. John Fort, Dr. W. S. Fort, United States Navy, son of the officiating clergyman, and Miss Rebecca A., daughter of John Brown, Esq., of Mt. Holly, N. J.

Lindner—Bohl.—In Watertown, Washington co., Ohio, Feb. 21st, Dr. W. Carl Lindner and Miss Mary Bohl, both of Watertown.

McWilliams—Hobkirk.—In Waupun, Wis., Feb. 28th, by the Rev. J. M. Williams, Dr. Samuel Anderson McWilliams, of Chicago, Ill., and Amelia Mary Hobkirk, of the former place. No cards.

Scott—Cosgray.—On the 15th ult., in Monongahela City, by Rev. James Sloan, D. D., Dr. J. W. Scott and Miss A. Tillie Cosgray, both of Waynesburg, Greene co., Pa.

Steinmetz—Steinmetz.—Feb. 4th, at the residence of Surgeon J. Simpson, U. S. Army, Baltimore, Md., by the Rev. H. Sheib, Assistant Surgeon Wm. R. Steinmetz, U. S. A., stationed at Fort McHenry, Md., and Miss Cornelia Steinmetz, from Wiesbaden, Germany.

## DIED.

Allen.—In Cincinnati, March 1st, Dr. N. Allen, aged 84 years.

Bigelow.—In Morrisania, N. Y., March 4, 1869, of consumption, Eunie Foote, wife of Dr. Alfred J. Bigelow, in the 31st year of her age.

Hays.—At his residence in Covington Ky., Feb. 8th, 1869, of disease of the heart, Dr. William Hays, aged 34 years and 18 days.

Pursell.—At Danville, Pa., March 4th, after a lingering and painful illness, Ann Adelia, wife of Dr. Isaac Pursell.

Quinn.—In Paris, on the 17th of February, Emily, wife of John Paul Quinn, Surgeon U. S. N., and daughter of the late Peter Penn Gaskell, Esq., of this city.


## WORDS OF CHEER.

The *Druggist's Circular*, in a notice of the Physician's Daily Pocket Record, says:

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☞ Let it be remembered that the Record is *good for a year from the date of purchase.*

*Dr. I. P., of Pa.*, says:

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☞ Compendium for 1868 and 1869, $5.00.


## ANSWERS TO CORRESPONDENTS.

*Dr. T. H. C., of N. H.*—Your letter was duly received, and the change made as requested.

*Dr. S. B. P.*—There is no monograph on Aconite in the market that we know of. You could only get the back numbers of the London *Lancet* and *N. Y. Jour. of Medicine* by watching the auction sales, unless the publishers can supply you.

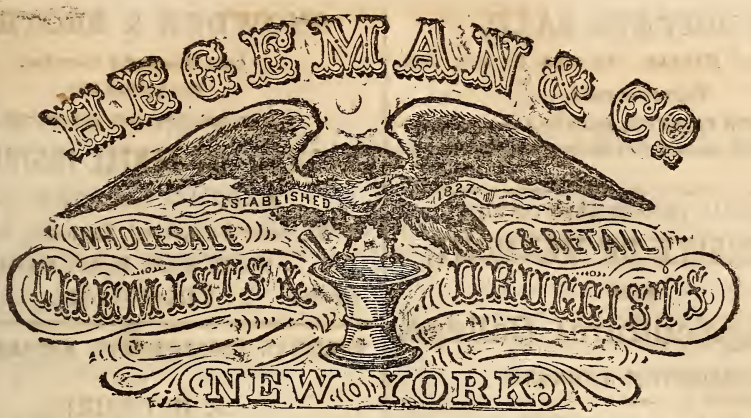
*Dr. T. B. P., of Pa.*—"I have a case of chorea which has resisted treatment. Please advise what would be best in the case. A young girl, about 15 years of age, never menstruated, about two months ago was attacked with chorea. I have used cathartics, valerianated iron and zinc, ext. gentian and zinc, precip. carb. iron, quinine and assafœt., fl. ext. cimicifuga, Bland's pills of the Dispensary, comp. tinct. aloes, ammon. tinct. valerian and assafœt., and others of the usual remedies. She is no better. Menstruation has not come on."

You have indeed gone through the list pretty thoroughly Now take some of the *freshly* powdered root of *recently* gathered cimicifuga, and give her scruple doses three times a day: if this does not succeed, try Fowler's solution *thoroughly*. Do not put implicit faith in "fluid extracts."

## METEOROLOGY.

| February, | 22, | 23, | 24, | 25, | 26, | 27, | 28. |
|---|---|---|---|---|---|---|---|
| Wind..... | E. | S. E. | N. W. | S. W. | N, | N. W. | N. W. |
| Weather.... | Cl'dy. | Cl'dy. Rain. | Clear | Clear. | Cl'dy. Snow. | Clear. | Clear. |
| Depth Rain.. | | 4-10 | | | 6-10 | | |
| *Thermometer.* | | | | | | | |
| Minimum..... | 24° | 20° | 15° | 13° | 21° | 12° | 13° |
| At 8, A. M..... | 43 | 40 | 31 | 27 | 36 | 20 | 22 |
| At 12, M..... | 48 | 47 | 36 | 39 | 37 | 32 | 24 |
| At 3, P. M..... | 50 | 48 | 37 | 39 | 34 | 32 | 23 |
| Mean..... | 41.25 | 38.75 | 29.75 | 29.50 | 32. | 24. | 20.50 |
| *Barometer.* | | | | | | | |
| At 12, M..... | 29.7 | 29.1 | 30. | 30.2 | 29.7 | 29.7 | 30.1 |

*Germantown, Pa.* B. J. Leedom.

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THE

# MEDICAL AND SURGICAL REPORTER.

No. 629.] PHILADELPHIA, MARCH 20, 1869. [Vol. XX.—No. 12.

## Original Department.

## Communications.

### A PAINLESS AND EXTRAORDINARY CASE OF ABORTION.

By G. H. Lenoir, M. D.,

Of Cahaba, Alabama.

Last fall I was summoned to see E. S., æt. 26, a freed-woman in her seventh month of pregnancy, suffering from an attack of acute pneumonia, left lung.

The case presented the usual symptoms of the disease. Said she had done a very hard day's washing four days previous; carried a tub of clothes on her head about one mile, after her day's labor was over; and has been feeling "under the weather ever since;" is ignorant of having received any hurt previous to that time or since; bowels constipated; no action for two or three days. Gave calomel et Dover's, with orders to follow it next morning, if necessary, with a dose of oil.

Second day.—Oil had been given before my arrival: pneumonic symptoms all aggravated. Ordered veratrum viride (Norwood's) in 6 gtt. dose in simple syrup every two hours, to be increased one drop each dose until the dose reach 10 gtt., or the pulse be reduced to seventy-five beats per minute; blister six by eight inches over left lung.

Afternoon.—Bowels moved twice, medicine acting very kindly; feels much better; veratrum to be continued as before, commencing again at 6 gtts.

Third day—Morning.—Expectorating freely a rusty colored sputa; has pain in right shoulder and neck, and severe occipital head ache; applied blister to back of the neck; left another dose calomel et Dover's to be taken at night; veratrum as before.

Fourth day—Morning.—Medicine acted very kindly; producing two or three very bilious discharges; feels much better; marked improvement; extended the time of taking the veratrum to three hours, dose 5 gtt.

As I was about retiring, she requested my attention, saying: "I feel mighty curious, Doctor; I wish you would examine me before you go." I did so, and to my no little surprise found the os dilated to about the size of a quarter (silver) dollar. To my question if she had any pain, if the calomel taken had ever griped her, or if she thought herself in labor, she replied in the negative. Gave 60 gtts. tinc. opii., and concluded to remain longer and watch how things would terminate; with instructions to remain quietly upon bed. In about half an hour she desired to use the chamber, for the purpose, as she said, to urinate; however, before letting her get up, I made a second examination, found the os dilated to about twice its former size. Could feel the child's head distinctly. Occiput presenting at superior strait; movements of fœtus and placental souffle distinctly felt and heard. Acquainted her husband of the facts and probable results of the case, begging her to remain quiet in bed; this entreaty was of no avail, she would get up, I and her husband remaining by her side. In a few minutes, while she was yet over the chamber, I heard a heavy splash, as if something falling in the chamber; asked what made the noise? Her answer was "I think it's all over, let me get up." Fearing the worst, we hastily put her to bed. I carried the chamber to the fire-place (for better light) to examine its contents, which I turned about for some seconds, hunting a place of ingress; finding none, and feeling something in the mass move, the truth flashed upon my mind; hastily tearing open the membrane, I delivered from this unnatural place and condition a living seven months male child. It must have remained enveloped in the membranes in the chamber of urine, full three minutes from its *dropping* from the mother, (for I can call the birth, or escape from the uterus by no other name.) I would state that the membrane had not been ruptured, nor any hemorrhage, before the falling out of the child *en masse*. She never had syphilis. No particular mental emotion, blow or fall; and as I before remarked, the calomel produced no unpleasant effect, everything to the contrary.

The child weighed five pounds; lived twenty-nine days. My attention was directed to the mother as soon as possible under the circumstances; found her in good spirits, and but slight hemorrhage after this unheard of (to me) accident. She had a speedy and happy recovery. The veratrum was stopped from the date of the accident; expectorants substituted. Subsequently, upon close questioning, she made the following confession, which I subjoin in her own language.

"Ten years ago I was married to my husband; by him I had three children, the oldest a girl, the other two boys; youngest now eight years old; soon after the birth of my last boy now living, the war broke out. My husband followed his young masters to the army, but was allowed to return occasionally. I now determined to quit having children; but soon after his first visit home I found myself in the *family way*. As I said before, I was determined to have no more children. I struck upon the following plan to get rid of the burden. I took the iron rib out of an old parasol, took the blunt end with the little round hole in it and greased it; introduced my finger up until I could feel the mouth of the womb, then guided it up on the finger until I could feel it enter and touch something, then pushed it up until I could feel something give way; twisted it around several times, then withdrew it. There was a drop of blood in the little hole, and I knew the work was done. This time I was about six weeks gone. Labor pains came on, and I miscarried in a few hours. Every time my husband came home I was caught, but I always used my little rod which I kept for the purpose, for I knew it was a sure remedy. But the last time it like to have killed me; I was nearly three months gone this time; they had several doctors with me, but I never would tell them how it happened. This last frolic cured me of my tricks. I have got my little rod yet, but never expect to use it any more. I have never been pregnant since my last frolic, except this time, and you know what has happened."

Such is the confession of this woman, and I have no doubt that thousands of the black females of the South could tell similar stories if they would only confess the truth. And in my opinion this confession is the *true* answer to the question asked some time ago, "why the blacks of the South did not multiply since, like they did before the war?"

She declares to this day that she did not have the first labor pain before, and but two or three feeble ones after the miscarriage. Nor had she "the least idea that *everything* was going to *drop* out of her as it did, *just* at the *effort* of making water."

*Query.*—Was this case the result of the pneumonia, the result of habit, or was it the result of the veratrum? 2d. Has veratrum any emenagogue, or laxative properties? I would state that in this case the muscular laxity seemed to be wholly in those muscles presiding over utero gestation.

## DYSMENORRHŒA: ITS PATHOLGGY.

### Objections to Dr. Graily Hewitt's Teachings.

By Stiles Kennedy, M. D,

Of Marydell, Md.

It is a recognized law of physiology that the condition of the uterus in menstruation is one of congestion of the venous plexuses around the organ, the tissues of which it is composed, and its lining membrane, evidenced by thickening and growth. Whether the menstrual flow is a secretion proper, a hemorrhage, or what not, it is an established fact that it comes from the aforesaid lining mucous membrane. If there is pain or difficulty in the performance of this function, it constitutes a disease known as dysmenorrhœa. From this standpoint, Dr. Hewitt* is led to the conclusion—which he thinks must be accepted—"that the pain suffered by patients in ordinary cases of dysmenorrhœa, *i. e., where there is delay in the appearance of the discharge*, (italics mine,) is due to retention of the menstrual fluid within the uterus, and to the distension thereon consequent." Page 449.

It is with considerable diffidence that I bring myself in opposition to the views set forth by such high authority as Dr. Hewitt, especially so when it is remembered that the subject under discussion pertains directly to his own special province in the domain of medicine. Nor would I attempt to do so now, but that my experience as a practitioner of medicine, and the processes of reasoning by which I reach conclusions in pathology are entirely different from those of the learned gentleman.

Let us remember that the condition of the uterus at the menstrual periods is one of *normal exaltation of the vital function*. This exaltation, if it should occur in any other organ, or at any other time in this organ, would be abnormal. Congestion and excitation are only normal here and now, and only to a limited extent. If the local excitement runs too high, so that the health-

* Hewitt on Diseases of Woman. 1868.

ful functions of the organ are not performed, it is disease.

This exaltation of the vital functions of any organ may be so slight as not to be observed, a gentle stimulation that can only increase the healthful performance of the function, or the excitability, measurably irritation, may even largely increase the secretory flow, when applied to an organ, and this is generally among the earliest manifestations we have of exalted functional life. A well known instance is in the ordinary coryza. The first indication one frequently has of his "cold," is the frequency with which he uses the handkerchief.

But this exaltation frequently reaches a point still higher, and the secretory function of any organ thus affected may be *entirely suspended.* Cases are numerous to the point in question. The schoolboys at noon play ball, one of them gets very much heated, and when school is called, takes his seat in a current of air; before the session is out, he has a sharp pain in the side, he returns home, and at night you are sent for. You apply your ear to the side, and the smooth, leathery creaking is heard, the serous membrane has suspended its function, no serous fluid lubricates its surfaces, and as respiration forces them over each other, the sound is produced, and the intense pain is increased. A farm hand finishes his day's work in great haste, mounts the wagon to ride to the house. The wind is cold and raw, and he is soon chilled through. He is restless at night, and the "misery" has increased to great pain. You visit him, and on auscultation you think he is breathing through copper quills. The walls of the bronchii are *dry and tense;* excitation has passed beyond the secretory point, the function of the mucous membrane lining the breathing tubes is suspended.

Referring again to the familiar example of coryza, the exaltation very frequently passes the point of secretion, and the patient will complain of the great discomfort of the dryness of the mucous membrane affected, the sense of smell is impaired, and the trouble annoying.

Now I contend that the same pathological laws that govern exalted vital function in the pleura, the schneiderian membrane, the bronchial mucous membrane, and other organs, govern the same kind of abnormal action in the uterus, and until it is proved beyond peradventure that there is a special exemption of this organ to the operation of these laws, I shall hold to that process of reasoning which is in best accordance with our senses. My author, however, does not speak of the likelihood of any such thing. He accounts for dysmenorrhœa, in the "ordinary cases," by ten different kinds of mechanical obstructions, three of which are congenital, nine are organic, and only one functional—increased flow of blood with insufficient exit. Page 453.

I remember well the first case of dysmenorrhœa I ever treated. It was in a sharp-featured, active, energetic, Yankee school-mistress, æt. 28. I found her suffering intensely, and this had been the case during the first part of her monthly sickness for several months, during which time she had constantly taken medicine to no purpose. And now she declared that she had no faith at all in doctors, and not much in medicine. Hip-baths, hot teas, poultices to her belly, and plasters to her back were her utter detestations. The patient's mother, an old lady, was with her, and to her I explained the philosophy of "obstruction," so that the patient might hear it, and I argued my case so manfully, and promised so much probable relief, that an examination was allowed per vaginam. I had no sound, but shaped a small-sized silver catheter for the purpose. The patient was fevered, pulse full and strong, and pain severe in the uterus itself. Locally, the parts were hot, turgescent, painful; the neck hard and swollen. After a little manipulation, the catheter passed through the canal of the neck into the cavity of the uterus. This caused considerable pain, but not so much as I anticipated, for my ideas of the necessity of great dilatation were happily in this case erroneous. But I was more surprised that no blood passed through the catheter, and I manipulated for some time, much to the discomfiture of the patient and my own mortification. The instrument was withdrawn, it was not barely stained. The sufferings of the patient had increased, the tenderness over the lower abdomen was greater. This was 10 o'clock, P. M. She had been in pain all day. I now changed my diagnosis, and told the old lady confidentially, that her daughter had inflammation of the womb, and the kind old lady thought so herself. I took a pint of blood from the patient's arm, left several powders of calomel and pulv. Doveri, and dietetic police instructions, returned to my office, and went to sleep over the "authorities."

At my next morning visit, the patient was sitting up, reading Jayne's Almanac, under the head of "Alterative!" Her flow had returned, and she felt better than she usually did at such times. A little medicine and a good regimen for a few weeks prevented any subsequent attacks.

This is not a single case, nor do I believe a singular case. In two other instances I have

demonstrated as clearly to my own satisfaction, by examination with the sound, that in the early stage of a certain class of cases there is *no discharge to become obstructed.* And I have seen many cases where my senses taught me the same state of things existed, and my opinions were subsequently confirmed by their becoming amenable to the same same treatment as above. The normally congested uterus, its veins, tissue, and its lining membrane, gathered excitability sufficient to carry it above the secreting point, just as was the case with the lining membranes of the thorax, the nose, and the bronchial tubes, and, of course, there was no fluid poured out. And all these cases of exalted vital function cited in the various organs are amenable to the same remedial agents. Lower the vital function promptly by phlebotomy or any other means, and you restore the organ to its normal action. It is so everywhere; all organs are alike subservient in disease to the great laws of pathology.

Dr. Hewitt gives a short quotation from Dr. West,* page 71, which explains, he thinks, the obstruction theory, but I conclude, if it explains anything, it is the pathology I attempted to represent in this paper. "The congested womb ached till nature bled it, just as the head aches when the brain is congested, till the cupping glasses or the leeches have relieved the overloaded cerebral vessels." Now cupping glasses, or leeches, or the lancet will relieve the congested uterus as certainly as they will the congested brain, and nature can relieve the congested cerebral vessels just as certainly as it can those of the womb, and the relief is prompt and effective in either case, thus increasing the soundness of the views here entertained. But if relief be not afforded in the cases of the various functions enumerated, another train of phenomena is presented. After the excitement reaches a certain point, secretion again sets in, but it is altered in its character, or greatly increased in quantity, or both. The secretion from the nose is acrid, irritating, frequently excoriating the skin; the bronchial secretion is abundant and viscid; the serous fluid contains a larger proportion of fibrin, and it is expected from these cases that the secretions would be more abundant and altered. Such is the fact, and the quantity and quality of all other secretions depend entirely upon the amount present in the organs. When it is so severe as to produce an exudation of the liquor sanguinis, then it is *inflammation*, and not before, and the only reason why we have less of the inflammatory products in the uterus than elsewhere, is first, because a greater amount of vital exaltation is *normal* here than elsewhere. Therefore it takes a much greater excitement here to produce the inflammatory results than in other organs. And, secondly, as already explained, nature bleeds it in time, as a general rule, to save it from inflammation.

I am not to be understood as objecting to the teaching that mechanical obstructions do exist in many cases, that they are sufficient and powerful causes of the disease, but only to the sweeping pathology that in "ordinary cases," they alone are the cause.

In another paper I hope to consider the subject of obstruction and membraneous dysmenorrhœa from the same stand-point.

* On Diseases of Woman.

## DISLOCATION OF THE HUMERUS OF OVER TWO MONTHS' STANDING EASILY REDUCED.

By Wm. L. Appley, M. D.,
Of Cochecton, Sullivan County, New York.

Mrs. McK., aged 45, fell and dislocated the head of the right humerus into the axilla, June 1st, 1868. An inexperienced or irregular physician examined it several times, and made some attempt at reduction but failed.

The patient came to me the first of August, and her husband told me it had been dislocated two weeks. After the reduction, he said it had been nine weeks; he feared I would not attempt to reduce it if I knew it had been dislocated so long. The patient complained of great numbness of the arm, caused, I suppose, by pressure on the axillary plexus, and there was discoloration of the hand and finger nails, caused by pressure on the axillary artery. I applied Jarvis' Adjuster. The patient was put under the influence of chloroform, and assisted by my partner, Dr. Carroll, we made extension in the axis of dislocation. When satisfied that the head of the bone had been brought low enough in the axilla, and sufficient mobility existed, I gave the arm into the hands of Dr. Carroll; and I grasped the neck of the bone with both hands, and with my thumbs on the acromion process, endeavored to raise the head of the bone in the direction of the glenoid cavity, and the Doctor lowered the elbow down near the side of the patient, and then sprung the catch out of the ratchet wheel, and all extention was taken off in an instant.

The bone entered the glenoid cavity. The patient has since regained the perfect use of the

arm. Extension and rest were alternated until I was satisfied that the head of the bone was brought down parallel with the plane of the glenoid cavity. The head of the bone in the right direction, and the extension so suddenly taken off the muscles are made available; the triceps and pectoralis especially, assist in reduction. Putting the patient under the influence of chloroform, the reduction of the dislocation was effected in less than thirty minutes. I have reduced another case of dislocation of the humerus, of four or five weeks standing, and some of less time by the same method in a few minutes, and succeeded at the first attempt in every case.

I believe it to be the best method in use in difficult cases.

# Hospital Reports.

Jefferson Medical College,
*Philada., Oct.* 21, 1868.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

### Encephaloid Tumor of the Occiput.

John S., æt. 20, from Lebanon, Pa. There are two tumors upon this young man's head and neck, the larger occupying the posterior portion of the head or occiput, and the smaller one on the same side, situated some little distance below. The upper and larger tumor is firmly attached to the scalp, so as to render it, in great measure, immovable. The surface is tuberculated and, at several points, there is evident ulceration. The tumor is hard, but not so hard as at first sight might be supposed. There is nothing like fluctuation, but the mass can be slightly indented at some points. Upon applying the hand to the surface of the swelling it is found to be preternaturally hot.

The larger tumor first made its appearance fourteen months ago, a month after a blow was received upon the back of the head by a falling piece of brass. Eight months afterwards it was removed, and reappeared a month after the operation. The lower tumor showed itself two months after the second appearance of the first, and is situated in a lymphatic ganglion.

The larger tumor is the seat of a sharp pain, sometimes darting in character. The pain is most severe at the lower surface of the tumor. The integument is very much thinned, so as to seem almost on the point of bursting. The vessels of the skin are enlarged. The general health is good.

This is a case of encephaloid. No operation will be performed. There is no remedy for the disease when it has reached this stage in this situation with lymphatic involvement.

### Syphilitic Tumors.

John M., æt. 21 months. This child has several tumors on the head, quite hard, very firm, and evidently connected with the bone and periosteum. There is also a very large tumor on the upper part of the neck and chin, and another on the lower part of the neck, moveable, involving evidently lymphatic glands. The tumor of the chin made its appearance five months ago, and the glandular tumor three months ago, being therefore a secondary formation. The tumors on the head and chin are preternaturally warm.

These growths are the result of a constitutional syphilitic affection, beyond all question.

The child was ordered one-half a grain of iodide of potassium, and one-twentieth of a grain of the bi-chloride of mercury three times a day, with nutritious food, plenty of milk and warm clothing.

George W., æt. 36. This young man has had a tumor on the chest near the middle line, a short distance below the right clavicle, since last December. It made its appearance suddenly, without any assignable cause. He works on a railroad, being engaged principally in shoveling, and is a man of temperate habits. He cannot recline at night on either side on account of a choking sensation, which obliges him therefore to be propped up in bed. There is no pain in the swelling itself, but he has had pain for the last three or four weeks in the left chest.

The tumor is somewhat rounded or spherical in shape, and has a heaving impulse synchronous apparently with the movements of the left ventricle of the heart. The swelling moves as though there were a living creature within it, or as if it were alive. It is soft, slightly fluctuating, as if the material within were semi-fluid. On auscultation, the tumor beats violently against the ear, but there is nothing like a distinct bellows sound; the sound is very faint.

The man has no fever; appetite variable; has lost flesh; father and mother both living.

The history of the case, the present condition of the tumor, its pulsatile character, and the faint seroid emitted on auscultation, all point to something more than an ordinary tumor. It is a disease of the thoracic aorta, consisting of dilatation of the coats of that vessel, with rupture of the internal and middle tumis. The tumor is

gradually approaching the surface. All the symptoms of aneurism of the thoracic aorta are distinctly marked, excepting the bellows sound on auscultation. The disease is dependent upon fatty or atheromatous degeneration of the artery, beginning in the tissue, by which the middle coat is connected with the internal. It is owing to this degeneration that these two coats of the artery become brittle, and at length give way under the impulse of blood from the heart, forming a tumor composed to great extent, of the outer tume of the vessel, which, not participating in the morbid action, retains its integrity, comparatively speaking. A tumor of this kind is always pulsatile, especially in its earlier stages. When this is the case, it is impossible to mistake the diagnosis. But the tumor may be comparatively hard, there may be no pulsation, or one very faint in consequence of the solidification of contents. Under such circumstances, unless the surgeon is on his guard, he may mistake it for an abscess, and plunge his bistoury into it, as has happened occasionally in the hands of the most scientific and experienced men. Always, when there is a tumor in this situation, be very careful with reference to diagnosis, and never put a knife in unless there is positive certainty that it is an abscess, and not an aneurism. The cataract needle can always be called, in aid of the diagnosis as an exploring needle, to ascertain whether the contents be pus or blood. If the latter, redouble the efforts to determine its nature; if the former, there need be no hesitation in making an opening for the evacuation of the contents.

The patient was ordered to take five drops of the tincture of aconite root, and one-half a grain of acetate of lead three times a day. Rest was carefully enjoined, principally in the recumbent posture, and a light non-irritating, non-stimulating diet. The sugar of lead possesses, in a remarkable degree, the power of inspissating the blood. It is given with the view of filling the cavity with clots of blood, and thus effecting a radical cure. In the thoracic aorta, it is impossible to apply compression, either by an instrument or the finger.

The prognosis in this case is eminently unfavorable. The tumor will proceed gradually to the surface, produce irritation in the subjacent structures, leading to ulceration, and will then open, parting with its contents and the life of the patient. It has already worked its way partly through the walls of the chest, absorbing a portion of the sternum and costal cartilages.

# Medical Societies.

## MEDICAL SOCIETY OF HARFORD CO., MARYLAND.

A stated meeting of the Medical Society of Harford County was held in Bel Air on the 9th of February, the President, Dr. Thos. C. Hopkins, in the chair.

The minutes of the previous meeting were read and adopted.

Dr. Lee, Committee on the petition to the President of the United States for the release of Dr. Mudd, a practitioner of medicine of this State, reported that the application for pardon had been signed by the President.

From the Committee on the Memoir of the late Dr. John K. Sappington, Dr. Forwood reported that a brief abstract of materials had been placed in his hands by Dr. John Evans, the son-in-law of the deceased, but at too late a date to be prepared for the present meeting. He hoped, however, to be able to present the memoir to the next meeting. The report was accepted, and the Committee continued.

The Committee on the Memorial to the State Legislature for a "Charity Fund," reported progress, and was continued.

The amendments to the Constitution offered at the previous meeting were unanimously adopted.

The Treasurer's report, showing a balance in the treasury of $18.35, independent of the dues to be paid on the day of report, was read and received.

Dr. Forwood read a letter from Dr. A. F. A. King, of Washington, in which he expressed the gratification he felt from the discussion in the Society, at the last meeting, upon his essay on *Ligation of the Funis;* and stated that he had collected a larger mass of materials relating thereto, and proposed to enlarge his essay, and publish it at a future date in a more substantial form. He desired the Secretary to state this fact to the Society, and respectfully requested the members to supply him with all facts in their possession bearing on the subject, including observations on the lower animals, which would be duly accredited to those supplying the information.

Several members made brief remarks upon the ligation, and manifested a deep interest in the subject.

Dr. John Evans inquired how long the funis should be allowed to bleed before it might be considered necessary to arrest the hemorrhage

by ligation. He had waited twenty minutes in a recent case, when, some hemorrhage still being present, and the nurse desiring to proceed with the dressing of the child, and he also being in haste to leave, secured the cord by ligature.

Dr. Hays felt satisfied that no danger would ensue to the child by allowing the venous blood to escape unrestrainedly from the funis, provided the precaution recommended by Dr. King, that of severing the cord with a very dull instrument, be observed. One or two cases of that character had come to his knowledge.

Dr. Finney remarked that while he had always been in the habit of tying the cord, and would probably continue the practice, there was certainly some very strong evidence that it was unnecessary, if not hurtful. In partial confirmation of this conclusion, he stated that on one occasion, several years ago, he happened to be present at the time that one of his favorite mares gave birth to a colt. The mare was lying down at the time of the birth, and appeared too much exhausted to rise immediately, and thus sever the cord after nature's fashion. The doctor, feeling a deep interest in the welfare of the colt, took advantage of the opportunity thus offered, and secured the cord by ligature, *secundum artem*, and then effected separation with his pocketknife. In this case there was no dessication of the cord, as naturally results when no ligature is used, *but it remained distended and inflamed*, he assured the Society, *for a period of at least one month; finally sloughing off;* while the cords of colts left to nature, as is well known, dry up and disappear in a few days.

Several members thought that this *fact* went a great ways toward overturning the philosophy of the long-established practice perpetuated upon the human species.

Some discussion arose as to the proper treatment of a case of disease of the heart, introduced by Dr. Hays. Various suggestions were made in relation to the case by Drs. Evans, Lee, Finney, and Forwood.

Dr. R. D. Lee, after some preliminary remarks as to the success and the established character of the Society, made a passing reference to the cloud of mourning which overhung it in the loss of our venerable President, Dr. John K. Sappington, and to the success of our memorial to the President of the United States for the pardon of Dr. Mudd, for the presentation and urging of which we are largely indebted to our Representative in Congress, the Hon. Stevenson Archer, he proceeded to make the following remarks on the "Uses and Abuses of Ergot," which were recommended for publication with the proceedings of the Society:

*Mr. President.*—We discussed at our last meeting the subjects of the *Binder* and the *Ligation of the Funis;* and conceded their application to be of more importance as a custom, and as a safeguard against possible accident, than as essential to the safety of mother and child.

Dr. Forwood truly remarked that it was only the exceptional case of midwifery that required the physician's aid. That *exceptional case*, so fraught with danger to mother and offspring, requires the physician to stand, as it were, a barrier between the parturient woman and the grave, while the eyes of the patient's fond friends are turned toward him as their only hope. *Then* are his noblest energies aroused; and every agent calculated to assist him in this, his hour of need, becomes of vast importance. One agent, not the least in importance, is the *Ergot of Rye*, the uses and abuses of which we will proceed to briefly remark upon.

I do not propose to confine myself to my own observations with regnrd to the action of this medicine; for my experience in its use has been limited, and I consider the opinions of medical practitioners of but little value, unless founded on the *experientia docet.*

To Dr. Stearns, of New York, is due the credit of first calling the attention of the profession in this country to the subject, by a letter published in the *Medical Repository* of 1807.

It is supposed to be a fungus, resulting from the puncture of an insect in the head or grain of rye. Chemical analysis proves it to contain coloring matter, oily substance, phosphoric acid, and ammonia.

What are its effects, and in what cases useful? It is supposed to produce general muscular contraction, with a specific tendencey to the uterus. Hence it is supposeed to control hemorrhage from other orgaus, when dependent on muscular relaxation, as in the paralysis resulting from colica pictonum. It may be useful in such cases, but its great merit consists in its valuable aid in parturition. Some practitioners, wanting in respect for Dame Nature, resort to it in all cases of tedious labor. We must admit the temptations great to attempt to hasten tiresome cases, and at the same time make capital with garrulous nurses, by seeming to help the "poor suffering creature," as they express it. This is dangerous practice, unless you measure carefully the resistance to be overcome, and graduate your force thereby: a nice calculation indeed, to which I fear few are equal. I know of one case in which

rupture of the uterus, with all its terrible consequences, followed; and I do not envy the feelings of the man who administered the drug. Others administer ergot after the head of the child has passed the pubis, for the purpose of controlling the hemorrhage which may follow the delivery.

There is a serious objection to this practice, from the fact that a certain amount of depletion is necessary to relieve the congested uterine blood-vessels. This surplus blood, no longer required by the fœtus, must pass out through the relaxed uterus as lochia. Close promptly this outlet by tonic spasm, hyperemia of the brain with convulsions may follow, and death. I was once called to attend a case of this kind, in the absence of the physician who attended the labor. There had been considerable œdema of the extremities, and hyperæmia of the brain during pregnancy. Ergot had been administered at the close of labor, and prompt and permanent contraction of the uterus followed, without the slightest lochial discharge. When I reached the patient, she had been in convulsions two hours, and was moribund. All writers without, I believe, an exception, recommend bleeding for puerperal convulsions, to relieve the over-charged blood-vessels of the brain. Then to create this necessity, by using a powerful agent to overcharge them, is strange practice indeed. I think careful observation will prove those cases attended with free lochial discharge much less liable to suffer from metritis, peritonitis, phlegmasia dolens, and mammary abscess, as after-consequences of parturition. I do not desire to condemn the use of this drug in all cases. I have seen valuable aid from its use. Dr. Robinson and myself delivered a case by embryotomy, necessary from abnormal size of the head, and exhaustion of patient. A half a drachm of ergot, which was administered when we commenced the operation, which lasted half an hour, caused prompt contraction of the uterus after delivery of its contents. I have seen happy effects from its use in other cases.

The disease called *ergotism*, prevailing in some localities, is no doubt produced by the use of the fingers, or diseased grain. Among its prominent symptoms are violent emesis and convulsions. Do we run no risk of producing those symptoms in paturient women by the use of this drug? Professors Dewees and Meigs seem to discourage its general use; and the latter states in his work on *obstetrics*, that its use is falling off rapidly in Philadelphia.

I offer these few observations with the view of learning the opinions and experience of the members of the society on the subject.

Dr. Forwood said that he had formerly used ergot much more frequently than he has within the last few years. In setting out in practice the incessant appeals of the patient and her friends to hasten the completion of labor, have an almost irresistible influence over the young practitioner, and he resorts to the use of ergot, sometimes in the early stage of labor, in the hope that "some good will fall," whereby the patient, and his own worn-out patience, may be speedily relieved. Experience brings knowledge. We soon learn what fearful results—the death of the fœtus—may follow. Dr. Forwood said that he could not recall to memory a case in his practice in which the life of the fœtus had been destroyed by the action of ergot. He took heed early of the warnings of the sages of the profession, and now never uses the drug, except in those cases where the pains of labor entirely cease, or when the natural efforts appear inadequate to the accomplishment of the last stage of labor, and when the parts are well dilated.

Dr. Finney said that he had not used an ounce of ergot for several years. He had met with very few cases requiring its use.

Several members made brief remarks upon the subject, and while all acknowledged the specific virtues of the medicine, all agreed that extreme care in the use of so potent a remedy should always be observed.

As time did not allow for a full expression of opinions on the subject, ergot was continued as a subject for discussion at the next meeting. It was also announced that Dr. W. W. Hopkins would present to the next meeting of the Society an essay on Puerperal Convulsions.

The following named gentlemen were elected officers of the Society for the ensuing year:

President—Dr. S. B. Silver.
Vice-President—Dr. John Evans.
Secretary—Dr. W. Stump Forwood.
Treasurer—Dr. R. D. Lee.

*Delegates to the American Medical Association.*

Dr. John Sappington, Dr. S. J. Ramsay, and Dr. Geo. Thos. Hays.

*Alternates.*

Dr. R. D. Lee, Dr. David Riley, and Dr. R. R. Bouldin.

The retiring President, Dr. Thomas C. Hopkins, then delivered the following address; a copy of which, after the thanks of the Society had been unanimously accorded him for the

manner in which he had discharged the duties of the office, was requested for publication.

*Gentlemen of the Harford Medical Society:*

As my official duties are about to terminate according to limitation, I should be false to my feelings were I to omit, upon this occasion, to express to you at least a feeling if not a judgment. It was your pleasure to designate me to preside over your deliberations for the past year, an honor that, I assure you, I can well appreciate. I have had the pleasure to meet you here at different times for the purpose of interchanging opinions and experience in the practice of our profession, upon subjects appertaining to the health and welfare of the community; and from the harmony and interest that has pervaded our meetings, I have evidence of the usefulness of our Society, as well as guarantee for the perpetuation of it, as an appendage to the great national organization—the American Medical Association, now numbering some three to four thousand, comprising members from all the States of the Union, embracing within its fraternity minds and men of the greatest distinction in the profession. No one can view the vast volumes of its transactions without being struck with the zeal and industry of its members, as well as its great usefulness. Long may it continue to exist with its noble objects in view.

The promotion of the science and the cultivation of the art, being the object of medical associations, must meet the commendation of all wise and considerate persons, and not a conspiracy, as some morbid minds may suppose, for the pecuniary benefit of its members; for that would be inconsistent with the honor and dignity of a physician, and totally at variance with the principles of his profession—shocking and abhorrent to his God.

The study of medicine opens an unlimited field to the mind of man, and he who prosecutes with zeal and industry, may never be at a loss for mental food. It leads him not only to the contemplation of all things upon the earth and within, but to all things above, that are possible for man to know. From the mystery that surrounds the specific causes of diseases, the ardent physician who seeks to relieve his fellow-man, aspires to more than what seems for man to know. He, however, will not despair, but will continue to study well the law of nature and nature's God, and seek that he may find, for his field is boundless, and Providence will continue to develope to his mind, that his science may keep pace with the age. The pursuit of medicine is in fact the study of man, and everything that appertains to his health and general welfare. If there is any study to enable man to obey that divine injunction, "Man, know thyself," it is medicine; for he has presented to his mind mirrors of all shapes, shades, and varieties of color, and if any one knows himself, it must be a physician.

We meet here some four times in the space of a year, and discuss a few subjects of interest; but if we were to meet fifty times in the same space, we should be at no loss for a subject to discuss, to the interest of the public as well as for ourselves; for it is the friction of the mind that developes all things.

In the practice of medicine, on the adaptation of the science to the useful purposes of human life, there are many difficulties. From the great mechanism and complication of the human system, as well as the modus operandi of the materials of medicine therein, the physician has to contend with much ignorance on the part of the community; for there is no science in which there is so much superstition and prejudgment as that of medicine; consequently, none in which the public are as much imposed upon. Therefore, I think it the duty of all practitioners to instruct, as far as practical, the public in the general principles of their science, that the evils may be at least mitigated.

Of the practitioner of medicine there is much required and much expected. He is required to expose himself to all conditions of the weather; to submit to the loss of rest in sleep, and to endure the anxiety of mind peculiar to his responsible vocation, or in other words, so submit to the innumerable uncontrollable circumstances that surround his pursuits. It is expected of him to be more humane, more charitable, or, in fact, to be more Christianized than the most of the community, which it is well for him to be. It is expected of him at times to accomplish more than the power of man can do. At times he fails to accomplish all that he aims or desires to do, but often accomplishes far more than is expected of him, which cheers him on in his arduous duties.

The vocation of a true physician may be viewed in the light of a holy, instrumental one, as it is written—"Honor the physician with the honor that is due unto him, for the use you have of him, for the Lord hath created him; from the Most High cometh healing, and he shall receive honor of the king. The skill of the physician shall lift up his head, and in the sight of great men be in admiration. The physician shall also honor his God, and submit that he may prosper the things which he gives for ease and remedy to prolong life." Thus it is perceived the heavy responsibility and charge upon the practitioner of medicine. But with all that is required, all that is expected, and all that he endures, the government spares him not, for he cannot practice his profession, as holy as it may be, without a pecuniary consideration thereto.

These requirements and trials, enumerated, peculiar to our profession, you will permit me to say, from a long devotion to the study and practice, I have experienced in a considerable degree, and the physician who assumes the great responsibilities of a practitioner to his fellow-man, should be true to himself and his profession, that he may be false to no one.

With these few remarks, and my regrets for not being able at this time to entertain you more

agreeably upon a subject which you are familiar and experienced, hoping that you will not consider what I have said as presuming to instruct you in that which you already know, and that you will please accept of my best wishes for your individual happiness and prosperity, as well as for a continuance of our pleasant and interesting meetings, that we may continue to profit thereby, and demonstrate to the public that our great aim is health, peace and prosperity to all; with my sincere acknowledgments for the honor you have conferred upon your humble member, and that you will believe him when he says, that with the marked respect that you have paid him, and the kind assistance that he has received in the administration of his duties, will be cherished by him as long as he lives.

# Editorial Department.

## Periscope.

### Strange Montrosity.

We have received the following singular account from a gentleman in New York:

"A correspondent of the *Dantzic Gazette* writes as follows from Dirschau: 'Last Sunday, February 1, at Schliewen, near Dirschau, a young and blooming shepherd's wife was delivered of a girl otherwise sound, but having on the lower part of her back (*auf unterm Rückentheile*) a tumor as big as two good sized fists. In this tumor, which is covered by the skin, is a very lively fœtus, whose well-developed mass may be felt through the walls of the tumor. Its limbs indicate a growth of from five to six months. The father called in the health commissioner, Dr. Preuss, from Dirshare, and begged him to remove the tumor together with the fetus. The Doctor, however, after he had long and carefully examined it, declared that there was a possibility in this extraordinary case, of the child in the tumor (whose existence and active motions were palpable to all present) coming to fruition. No physician could be justified in destroying this marvellous being. Rather it ought to be protected and cherished. The new-born girl is of unusual strength and beauty, and takes the breast very cheerfully.'"

### A Case of Super-Fetation.

The *Weser Zeitung*, of February 20, has something more about the singular birth at Schliewen, we lately referred to. It quotes from the *Dantzic Gazette*, the following communication from the health commissioner, Dr. Preuss, of Dirschau:

"To the many questions addressed to me from many quarters in regard to the singular birth at Schliewen, announced on the 6th instant, I may here reply as follows: The facts contained in the report alluded to are correct. I was summoned on the first February to Schlewien, to give my advice in the case of a child born the day before of a young shepherd's wife, with the aid of a midwife. It was a girl, in other respects strong and hearty, under the extremity of whose *os sacrum* (*Kreuzbeinende*) was a swelling of the size of two fists. Vigorous movements were plainly visible on the surface of this tumor, and within I felt the members of a fœtus, which, from its size, would in ordinary cases be reckoned at five months. It was evidently a double creation. So far the case belonged to the very rare, but could not be considered unique. Rokitansky speaks of it as follows in the first volume of his Pathological Anatomy (pp. 62, 59.) 'Double creation by engrafting (*Einpflanzung.*) Cryptodidymus (Gurlt) so-called fœtus in fœtu. A larger, complete fœtus bears at some place under the skin or in the cavities of the body a second, smaller and incomplete.' In this class evidently belongs the case before us. What *is* novel, and, so far as my knowledge goes, unnoticed in literature, is the fact that not only the child which has been carried its full term is alive to day, but the fœtus also has in the eleven days after-birth further developed and palpably increased in size, and that the movements in the tumor have increased, and at present are very strong. They cannot be motions of the viscera, transferred through the aperture, as if this were no such motions, would be observed in every hernial sac. The tumor is now four and a-half inches long, three and a-half inches wide and high, pear-shaped; the head lies underneath on the left, the rump above on the right. The junction has a circumference of eight and a-half inches. Further particulars as to the progress of this case are deferred."

### Carbolic Acid: Its Doses and its Medicinal Value.

Mr. Henry William Fuller, M. D., Cantab, physician to St. George's Hospital, contributes the following article to the *British Med. Journal.*

Four years ago, being desirous of testing the value of Carbolic acid as an internal remedy in the treatment of disease, I determined to administer it experimentally in various cases at St. George's Hospital. My first object was to ascertain the maximum dose in which it could be taken without inconvenience, to note the symptoms, if any, produced by full doses, to determine its action on the pulse and the secretions,

and to observe whether any evidence could be obtained of its cumulative action. Never having given it internally before, and never having heard of its having been administered in more than two minim doses, I began by the exhibition of two minims dissolved in a drachm of glycerine and eleven drachms of water. This was given three and ultimately four times in the twenty-four hours. Finding that no appreciable effects resulted from that dose, I added one minim to each dose on alternate days, until the patients were either unable to swallow a stronger dose or complained of unpleasant symptoms. Thus, as far as the mere dose was concerned, I found that some adults—especially men who had been spirit-drinkers—could take ten or twelve minims without inconvenience, and notwithstanding the occurrence of a certain degree of discomfort, could take doses of fifteen minims three or four times a day for many days consecutively; but that most persons, especially women, began to complain when the dose had been increased to eight or ten minims, and found six or seven minims a full dose.

The disagreeable symptoms produced by full or overfull doses were, firstly, a sense of burning in the throat on swallowing the draught; and, secondly, a giddiness and fulness, or peculiar feeling in the head—a feeling which occurred in some persons within two minutes after taking the acid, and in others not until the expiration of six or eight minutes. In some persons this giddiness passed off in ten or fifteen minutes, and in others lasted nearly an hour. In no instance was there any distinct headache or any interference with vision; but, when the giddiness was severe, there were in some instances cold clammy perspiration and feeble pulse.

The physiological action of the acid in various doses was noted in health and in different morbid conditions. In health, the only effect which was observed to follow moderate doses—four to six minims—was the production of a peculiar greenish tint in the urine, and the disappearance of all deposits of lithates. Both these phenomena were most marked when full doses—eight or ten minims—were given, and in themselves were very remarkable. The intensity of the greenish tint varied considerably. Apparently it was more influenced by the state of the urine than by the mere dose of the acid; but the disappearance of the lithates from the urine bore a tolerably constant ratio to the dose of the acid, so that, if the administration of four or five minims failed to produce the desired effect, the addition of three or four minims to each dose would in most instances accomplish it within three or four hours. Indeed, carbolic acid proves so powerful an agent in clearing the urine of lithates, that it will operate with tolerable certainty in cases in which moderate doses of alkalies fail altogether in checking the deposit. It does not increase or diminish the secretion of urine, nor does it appear to exercise any influence on its specific gravity; it does not affect the action of the bowels, though it diminishes the offensive odor of the motions; it has no effect on the temperature of the body, nor does it influence the pulse, except when it is given in excessive doses, and excites giddiness and cold perspiration, and then the pulse is accelerated.

Having remarked the uniformity of the action of the acid in checking the deposit of lithates, and thinking that possibly it might control the formation of lithic acid, I administered it in full doses in several cases of gout. It certainly rendered the urine clear, but it did not appear to modify the gouty action or check its continuance. The same may be said of its action on rheumatism.

In dyspeptic cases—of the fermentative class—accompanied by the copious evolution of gas from the stomach and the discharge of fetid evacuations from the bowels, its effect is often most satisfactory. Administered in six or eight-minim doses, it stimulates and is extremely grateful to the stomach; it causes an immediate evacuation of flatus, and, by checking fermentation, it puts an end to the evolution of gas which forms the most distressing feature of many varieties of dyspepsia. With the exception of charcoal, I know of no remedy so useful in these cases, and it not unfrequently operates beneficially even when charcoal fails to relieve.

In typhoid or gastric fever, in which, *à priori*, beneficial results might have been expected from its employment, I have been unable to observe any controlling influence. The temperature keeps up, and the disease runs its course utterly unchecked by even full and repeated doses. In a case, James J., now under my care at St. George's Hospital, ten minims were taken every three hours for eighteen days, and throughout that time—from the sixth to the twenty-fourth day of the attack—the temperature ranged from 99 to 104—being 102 at the beginning, and fully 102 at the end of the time. In several other cases of typhoid fever, and also in cases of typhus, I have noted the same absence of controlling power.

In scarlatina, accompanied by sloughing throat, I have employed it on one occasion, and fancied

that it proved beneficial. Having regard to the action of the scarlatinal poison on the mucous membrane of the stomach, it is not unlikely to prove active for good, and certainly deserves a trial.

In the form of spray, I have used a solution varying in different cases from five to ten minims of the acid to an ounce of water for the purpose of inhalation. It has been employed in the early and advanced stage of phthisis—in so-called laryngeal phthisis, in chronic bronchitis, in gangrene of the lung, and in various affections of the throat, including diphtheria. In the last named, it does not prove so useful as the pure solution of permanganate of potash administered in the same way, which sometimes appears to exercise a magical effect in clearing the throat of the membrane; but in all the other forms of complaint it exercises in many instances a decidedly beneficial influence. It lessens the irritability of the mucous surface, and facilitates expectoration, and the patients aver that it affords relief. In gangrene of the lung, it removes the fetid odor, and otherwise appears to be productive of good.

The only disagreeable symptom which I have observed to follow its employment in the form of spray, has been occasional faintness when the inhalation has been continued too long. The time at which this faintness occurs varies greatly in different cases, and I therefore instruct the patient to desist from inhaling as soon as the slightest discomfort arises. My impression, however, is, that this faintness is not induced by the action of the acid, but rather by the abnegation of atmospheric air which attends inhalation with Siegle's apparatus; for, in every instance except one in which I have observed it, Siegle's steam-apparatus was being employed. I therefore prefer using the common hand-bellows, previously heating the solution of acid if the inhalation of cold spray seem likely to be prejudicial.

### Teeth Extracting.

Dr. Beers, of Montreal, gives in the Canada *Journal of Dental Science* the following useful hints for this operation:

"First select your instruments. Everything needed should be at hand. The towel for chloroform should be starched stiff.

"Cover the patient from neck to knee with a cotton cover or towel, pinned to each shoulder, to prevent the blood soiling the dress. Make a thorough examination of the work before you; fix in your memory the number, position and peculiarity of every tooth or root to be extracted: we lance the superior right and left dens sapientiæ—particularly at the farthest extremity—for reasons which we will give in detail in a future number of the Journal. Whenever there is any undue prominence of the alveoli, over the cuspids for for instance, which, if left, would interfere greatly with the regularity of the arch for an artificial set, we sometimes cut it down on the labial face while extracting, or after extracting the tooth, as may be found most convenient. If this is done carefully, it may be done with perfect impunity, without adding anything to the discomfort of the patient during the healing of the gums, and hastening the absorption and improving the arch.

"Use as few instruments as possible—an axiom which will apply with advantage to every operative and mechanical operation in dentistry. If the patient will submit to lancing before inhaling the anæsthetic, it may be proper to lance around roots difficult to grasp; but if not, the haste with which the operation has to be performed where there are a large number to extract, demands economy of time, and lancing is not always advisable for cases where roots predominate. We use the bayonet-shaped alveoli forceps for the upper jaw, without changing, and with care it subserves the use of the lancet. First, clear away all roots with the alveoli forceps, if a change of instruments is required.

"As soon as the patient is thoroughly under the influence of the anæsthetic, commence by extracting the teeth of the inferior jaw first, on either side, beginning at the roots farthest back, or at the dens sapientiæ. Extract the molars and bicuspids first, leaving the cuspids and incisors to the last.

A small bit of sponge at hand is useful to sop up the blood which may hide the roots from view. The importance of extracting the lower teeth first is obvious, as the blood flowing down from the extracted uppers, if the latter are first removed, would interfere greatly with the proper adaptation of the instrument, and some roots might be overlooked.

There are various precautions necessary, such as providing for hæmorrhage, vomiting, syncope, &c. Patients with long legs should be so placed as to put them out of kicking distance of your windows, lest they should take a notion to stretch them into the glass.

—— There is a doctor for every 1000 inhabitants in Paris, and the apothecaries number 547. There are also 295 officers of health.

Medical and Surgical Reporter.

PHILADELPHIA, MARCH 20, 1869.

S. W. BUTLER, M.D., & D. G. BRINTON, M.D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical* *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

## A WARNING TO MEDICAL SOCIETIES.

The unscrupulous ingenuity of nostrum venders and manufacturers has ceased to be a matter of special wonder. Many an honest professor goes to bed now-a-days, and wakes up in the morning to find himself unpleasantly famous as the recommender of bad whisky in the shape of bitters, or what is worse, as the certifier to the efficacy of SHENCK'S syrup for the certain cure of consumption. Individual instances of this kind are not rare, but it is not often that we find a grave and respectable society like the Academy of Medicine or the N. Y. Pathological Society subjected, and with a show of justice, to the same swindling operation. In publishing the proceedings of the N. Y. Pathological Society for December 26th, 1867, we took the liberty to remark when a certain nostrum was the subject of debate "that such a discussion virtually amounted to a most excellent advertisement of the aqueous humbug under consideration, and that nothing would more delight the proprietor of the same than to see a record of the proceedings duly embalmed in the official report." Very indiscreetly, we think the whole discussion was published in the official organ of the society, and the little good that was said about it was skilfully extracted and tacked together by the proprietor, who now parades it as the ENDORSEMENT of the NEW YORK PATHOLOGICAL SOCIETY. We would suggest to all medical societies that do not desire to become the involuntary eulogists of questionable remedies, that it would be well never to allude to them in public session. A man cannot walk upon coals without being burned, neither can he touch pitch and not be defiled.

# Notes and Comments.

## THERAPEUTICAL BULLETIN.*

Compiled by GEO. H. NAPHEYS, M.D.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc., etc.

The selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form.

The recipes for ointments begun below will be added to in future numbers. The formulæ for several ointments have already been given (vide p. 156) under the head of "Remedies employed against Neuralgia." For obvious reasons, a complete system of classification cannot be attempted while these articles are appearing in instalments. Convenience of arrangement and reference is all that is aimed at.

*Ointments.*

Prof. S. D. GROSS.

℞ Pulveris potassæ nitratis, ℈ij.
Sulphuris, ʒj.
Adipis, ʒj℔.
Olei bergamii, gtt. v. M.

For scabies.

℞ Pulveris opii, ʒss.
" rhei, ℈j.
Cerati cetacei, ʒj. M.

For dressing wounds, burns, abraded surfaces, or fissures. To these ingredients may advantageously be added, in many cases of healing sores or eruptions requiring a mild stimulus, a drachm of the ointment of the nitrate of mercury, a few drops of nitric acid, two drachms of ointment of acetate of lead, a small quantity of myrrh or of balsam of Peru, or from six to eight grains of sulphate of quinine.

Prof. JOSEPH PANCOAST.

℞ Zinci oxidi, ʒiss.
Amyli, ʒj.
Cerati adipis,
Glycerinæ. āā ʒss. M.

For application to ulcers, eczema, etc.

* Entered according to Act of Congress, in the year 1869, by GEO. H. NAPHEYS, M.D, in the Clerk's office of the District Court for the Eastern District of Pennsylvania.

N. B. This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

Dr. Edward John Tilt.

℞. Potassii iodidi, ℥j.
Magnesiæ, gr. v.
Olei neroli, gtt. j.
Aquæ, f.℥j.
Unguenti glycerinæ, ℥j. M.

To be rubbed into the skin of the lower part of the abdomen twice a day, for the pelvic and spinal pains of uterine diseases, etc. The calcined magnesia is added to prevent the staining of the linen which is caused by the acid secretions of the skin liberating a small portion of iodine.

In the preparation of ointments, as common lard becomes rancid, it is best to prescribe benzoated lard, (unguentum benzoini, U. S. P.,) but Dr. Tilt prefers glycerine ointment, which looks like arrow-root jelly, and is made by boiling starch in glycerine. Take of Polson's corn flour, gr. 80, and mix with one ounce of Price's glycerine in a gradually-heated oil-bath by constant stirring, until the production of a semi-transparent gelatinous mass.

℞. Atropiæ sulphatis, gr. ij.
Morphiæ sulphatis, gr. iv.
Olei olivæ, f.℥j.
Olei lavendulæ, gtt. x.
Unguenti hydrargyri, ℥j. M.

This formula for mercurial ointment is much pleasanter than that made repulsive by the smell of laudanum and of the extract of belladonna. A piece about the size of a small walnut is to be rubbed in morning and evening, and absorption will be promoted by leaving the residue on the skin, and by placing over it a warm linseed-meal poultice.

Dr. T. H. Tanner.

℞. Hydrargyri iodidi rubri, gr. viij.
Unguenti adipis, ℥j. M.

In chronic glandular tumors, a small portion rubbed in every night, proves very useful.

Dr. J. M. Da Costa.

℞. Cadmii iodidi, gr. x.—xx.
Unguenti belladonnæ, ℥vj.
Glycerinæ, f ℥ij. M.

A resolvent ointment for glandular enlargement, goitre, etc.

The advantage of the employment of iodide of cadmium in ointment, rather than iodide of lead, is that it does not discolor the skin. The ointment of belladonna adds to the efficacy of the iodide of cadmium.

℞. Acidi carbolici fluidi, ♏xxx.
Glycerinæ, f.℥ij.
Cerati adipis, ℥vj. M.

Employed in the treatment of acne and other pustular skin affections, in some cases with signal effect. If it produce too much irritation in this strength, it may be diluted with fresh lard.

### The Half-Yearly Compendium.

The number of this periodical for January has now appeared. It is full of the choicest selections on all branches of medical science, and should be in the hands of every physician. No synopsis of professional works or articles at all compares with it, either in the diversity of sources consulted, or the number of valuable facts accumulated.

The annoying delay in the publication of this number will be avoided in future. The next number may be confidently looked for by July 10th.

### Too many Cooks.

From some indications, we fear that the arrangements for attending the meeting of the American Medical Association at New Orleans in May next, may suffer from having too many cooks. A Committee was duly appointed, of which we believe Dr. P. S. Conner, of Cincinnati is chairman, having its head quarters in that city, who were to make the necessary arrangements for transportation between that point and New Orleans. That committee had better not be interfered with. We understand that they are attending to their duties, and are effecting satisfactory arrangements, which will, in due time, be announced.

We learn, also, that favorable arrangements will shortly be announced—they may reach us in time for this number—for passage between New York and New Orleans, much more favorable than we feared could be made. We trust, therefore, that full delegations will go from our Northern and Western Societies.

### Fees as an Expert.

The editor of the Leavenworth *Medical Herald* says:—We have received a letter from a correspondent desiring to know whether any case has occurred in our State in which a medical witness has demanded the fee of an expert in advance, and with what result. We have had such a case in Leavenworth. A physician was called upon to give testimony as an expert, in a trial for murder or manslaughter, and refused peremptorily to give such testimony unless his fees were paid in advance. The court promptly committed him for contempt, and he was compelled to pay a fine, which he did, however, only upon the advice of the prominent legal men of our city, that he was in the wrong and could be compelled to give his testimony.

Since this case happened, however, a decision has been rendered by one of the Chicago courts,

that a medical expert *must* be paid his fees in advance, if he demands them, and we advise our friend that he can so demand them if he sees proper. Should the court demur, let him refer the judge to the decision of the Chicago case.

### Medical College Commencements.

*The Cincinnati College of Medicine.*—The commencement exercises were held on Tuesday evening, February 16. Graduates 28. Valedictory by Professor A. J. Miles.

*The Medical College of Ohio.*—The commencement exercises were held in Cincinnati, Tuesday morning, March 2d. Graduates 70. The President of the Board, Judge Dickson, accompanied the conferring of the degrees with an address appropriate to the occasion, and the usual valedictory address was given by Professor Graham, his theme being faith in medicine.

*Miami Medical College, Cincinnati.*—The ninth annual commencement took place Tuesday evening, March 2d. Graduates, 48. Bishop McIlvaine, President of the Board, conferred the degrees, and made a brief and appropriate extemporaneous address. The valedictory was given by Professor Clendennin. It is to be published. At the close of the exercises, there was a pleasant re-union of the graduates, alumni and friends at the residence of Professor Richardson.

*College of Physicians and Surgeons, New York.*—Sixty-second annual commencement, Monday March 1st. Valedictory address by Dr. James C. Lindsly. Graduates, 87.

The Hospital prizes were awarded to Drs. J. Francis Chapman, Eugene B. Murtha and Fred. C. Curtis. The two Faculty prizes for the best graduation theses were taken by Drs. Eugene B. Murtha and John J. Reid, the former having written on the poisonous effects of the different species of Rhus, and the latter on Carbolic Acid and its derivatives. Honorable mention was made of theses by Drs. Lucius W. Bulkley, J. F. Chapman, Thomas Trenaman, Sherman Chapman, and George Hickok. The proceedings closed with a humorous address by Joseph H. Choate, Esq.

*Medical Department University of New York.*—Commencement Tuesday evening, March 2d. Graduates 82. Eleven graduates received certificates of honor. The diplomas were distributed by Chancellor Ferris—from whose hands many thousand graduates have received this distinguished honor—and the valedictory was given by Professor Thomson.

Prizes were awarded as follows:

*Mott Prize Medal.*—Silver Medal to Wm. P. Morrissy, of N. B., Bronze Medal to T. J. Townsend, of Kentucky.

*Loomis Prizes.*—1st, O. G. Dibble, N. Y., 2d, K. P. Townsend, Ky.

*Budd Prize*—William F. Guernsey, Conn.

*Jacobi Prize*—V. Havard, N. Y.

*Roosa Prize*—T. C. Giroux, N. Y.

*Weisse Prize*—O. G. Dibble, N. Y.

*Bellevue Medical College, N. Y.*—This, though one of the youngest, is far from being least among the medical colleges. The commencement was held on Tuesday evening, March 2d. Graduates, 124. The class was addressed by Rev. Alexander R. Thompson. Dr. Walter S. Thorne was the valedictorian of the class. Full lists of graduates in the New York medical colleges can be found in the N. Y. *Medical Gazette* of March 6th.

*Woman's Medical College, Philadelphia.*—Seventh annual commencement, March 10. Graduates 15. Prayer by Rev. Albert Barnes, address by Judge Peirce, valedictory by Professor B. B. Wilson.

Other reports are deferred, including those of the University of Pennsylvania and Jefferson Medical College of this city, which, with list of graduates will appear next week, the commencements having occurred too late in the week for this issue.

# Correspondence.

## DOMESTIC.

### A Reply to Dr. Oppelt.

Editors Medical and Surgical Reporter:

In vol. xviii., page 441, of your valuable journal, I notice an article from Dr. Oppelt in reply te a communication of mine, published in the Reporter, requesting some light in regard to the diagnosis and treatment of an affection of the mammary gland. Dr. Oppelt has very kindly given his opinion as to the nature of the complaint, and advised large doses of quinia. This remedy I have tried in both large and small doses, but without success. I finally came to the conclusion that my patient was suffering from neuralgia, and placed her upon the following plan of treatment:

R. Quiniæ sulphas,
Zinci " āā grs. xxx.
Ferri " (exsic) grs. xl.
Pulv. rhei, grs. l. M.

Ft. in pil. xxx.

One to be given three times a day. Salt bath (warm) once a week, with frictions to the spine.

Under this treatment my patient began to improve, and after continuing it eight weeks, was permanently cured. She has had no attack since placed on the above treatment, nine months ago, though she has nursed an infant during this period.

D. C. McCampbell, M. D.

*Holly Springs, Miss., Feb.* 28, 1869.

# News and Miscellany.

## American Medical Association.

Office of Permanent Secretary.
WM. B. ATKINSON, M.D.,
*S. W. cor. Broad and Pine Streets, Philadelphia.*

The Twentieth Annual Session will be held in New Orleans, La., May 4, 1869, at 11 A.M.

The following Committees are expected to report:

On Diseases of the Cornea—Dr. Jos. S. Hildreth, Ill., Chairman.

On Cultivation of the Cinchona Tree—Dr. L. J. Deal, Pa., Chairman.

On Excision of Joints for Injuries—Dr. J. B. Reed, Ga., Chairman.

On Alcohol and its Relations to Medicine—Dr. J. Bell, Pa., Chairman.

On the Cryptogamic Origin of Disease, with special reference to recent microscopic investigations on that subject—Dr. Edward Curtis, U. S. A., Chairman.

On Operations for Hare-lip—Dr. A. Hammer, Mo., Chairman.

On Clinical Thermometry in Diphtheria—Dr. J. G. Richardson, N. Y., Chairman.

On Prophylactics in Zymotic Diseases—Dr. Nelson L. North, N. Y., Chairman.

On Inebriate Asylums—Dr. C. H. Nichols, D. C., Chairman.

On the Influence of the Pneumogastric Nerve on Spasmodic and Rhythmical Movements of the Lungs—Dr. Thomas Antisell, D. C., Chairman.

To Examine into the Present Plan of Organization and Management of the United States Marine Hospitals—Dr. D. W. Bliss, D. C., Chairman.

On the Utilization of Sewerage—Dr. S. Smith, New York, Chairman.

On the Influence of Quarantine in Preventing the Introduction of Disease into the Ports of the United States—Dr. Elisha Harris, N. Y., Chairman.

On Nurse-Training Institutions—Dr. S. D. Gross, Pa., Chairman.

On Commissioners to aid in Trials involving Scientific Testimony—Dr. John Ordronaux, N. Y., Chairman.

On Annual Medical Register—Dr. J. H. Packard, Pa., Chairman.

On Devising a Plan for the Relief of Widows and Orphans of Medical Men—Dr. John H. Griscom, N. Y., Chairman.

On Veterinary Colleges—Dr. Thomas Antisell, D. C., Chairman.

On Specialties in Medicine, and the Propriety of Specialists Advertising—Dr. E. Lloyd Howard, Md., Chairman.

On Library of American Medical Works—Dr. J. M. Toner, D. C., Chairman.

On Vaccination—Dr. Henry A. Martin, Mass., Chairman.

On the Decomposition of Urea in the Uræmic Poisoning—Dr. H. R. Noel, Md., Chairman.

On the best method of Trestment for the different forms of Cleft Palate—Dr. W. R. Whitehead, N. Y., Chairman.

On Rank of Medical Men in the Navy—Dr. N. S. Davis, Illinois, Chairman.

On Medical Ethics—Dr. D. Francis Condie, Pennsylvania, Chairman.

On American Medical Necrology—Dr. C. C. Cox, Md., Chairman.

On Medical Education—Dr. J. C. Reeve, Ohio, Chairman.

On Medical Literature—Dr. E. Warren, Md., Chairman.

On Prize Essays—Dr. S. M. Bemiss, Louisiana, Chairman.

On the Climatology and Epidemics, of—
Maine—Dr. J. C. Weston.
New Hampshire—Dr. P. A. Stackpole.
Vermont—Dr. Henry Janes.
Massachusetts—Dr. H. I. Bowditch.
Rhode Island—Dr. C. W. Parsons.
Connecticut—Dr. E. K. Hunt.
New York—Dr. W. F. Thoms.
New Jersey—Dr. Ezra M. Hunt.
Pennsylvania—Dr. D. F. Condie.
Maryland—Dr. O. S. Mahon.
Georgia—Dr. Juriah Harriss.
Missouri—Dr. Geo. Engelman.
Alabama—Dr. R. F. Michel.
Texas—Dr. T. J. Heard.
Illinois—Dr. R. C. Hamil.
Indiana—Dr. J. F. Hibberd.
District of Columbia—Dr. T. Antisell.
Iowa—Dr. J. C. Hughes.
Michigan—Dr. Abm. Sager.
Ohio—Dr. T. L. Neal.
California—Dr. F. W. Hatch.

Tennessee—Dr. B. W. Avent.
West Virginia—Dr. E. A. Hildreth.
Minnesota—Dr. Samuel Willey.
Virginia—Dr. W. O. Owen.
Delaware—Dr. L. B. Bush.
Arkansas—Dr. G. W. Lawrence.
Mississippi—Dr. —— Compton.
Louisiana—Dr. L. T. Pimm.

Secretaries of all medical organizations are requested to forward lists of their Delegates as soon as elected, to the Permanent Secretary.

☞ Any respectable physician who may desire to attend, but cannot do so as a delegate, may be made a *member by invitation*, upon the recommendation of the Committee of Arrangements.

—— Dr. J. T. Dyer's family, in Gloucester, Mass., after a recent dinner of partridges, were all taken ill with dizziness, fainting, and other symptoms of narcotic poisoning. It is supposed that the birds had eaten some poisonous berries.

—— Dr. Henry W. Holmes, of Springfield, Mass., was arraigned recently for neglecting to report to the city authorities a small-pox case, as required by law. The authorities have determined to stop the spread of the disease.

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

# Army and Navy News.

### Army Changes.

By direction of the President, Brevet Brigadier-General R. S. Satterlee will remain on duty as Chief Medical Purveyor in New York city, and Brevet Brigadier-General Charles McDougall will remain on duty in St. Louis as Assistant Medical Purveyor.

Brevet Colonel James Simons, Surgeon, has been relieved of duty as Medical Director of the First Military District, and ordered to Baltimore, where he will await orders.

Brevet Colonel John Moore, Surgeon, has been relieved of duty in New York, and ordered to report to the commanding officer of the First Military District for assignment as Medical Director.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

## MARRIED.

Ash—Cameron.—Feb. 25th, in Philadelphia, by the Rev. W. E. C. Wright, Mr. William MacGregor Ash and Miss Alice Cameron, daughter of Dr. J. W. Cameron, of Blair co., Pa.

Hoffman—Carter.—At the residence of the bride's parents, March 4 by the Rev. James Cunningham, Rev. L. B. Hoffman and Miss Mary R., daughter of R. C. Carter, M. D., of Cherry Hill, Md.

Sears—Howell.—March 10th, by Rev. Arthur Harlow, Dr. Geo. H. Sears and Carrie A., daughter of Edmund S. Howell, all of Blooming Grove, N. Y.

## DIED.

Bertolett.—On the 12th ult., of apoplexy, at Washingtonville, Columbiana co., Ohio, Mrs. Anna M., wife of D. K. Bertolett, M. D., aged 62 years and 6 months.

Clark.—At Montclair, N. J., March 6, J. Henry Clark, M. D., late President of the Essex County Medical Society, in the 56th year of his age.

Hill.—Jan 20th, in McKeesport, Pa., Dr. Wm. H. Hill, in the 81st year of his age.

Mack.—In the triumph of the Christian's faith, Feb. 16, Mrs. Sophronia Mack, wife of Dr. John Mack, of Shelby, Ohio.

## ANSWERS TO CORRESPONDENTS.

*Dr. W. S., of Pa.*—Banning's book costs $3.50. We do not know about his agencies.

*Dr. T. M. C., of West Va.*—Apply by letter to Messrs. Codman & Shurtleff, Boston, Mass.

*Dr. F. P. S., of N. J.*—Go by steamer or rail to New Orleans, and there take the Galveston boat. When there, you can decide how best to prosecute the rest of your journey.

*Dr. J. H. P., of Ala.*—Treatment of Ozæna. We recommend you to try frequent douches and injections of a dilute solution of permanganate of potash. Correct any constitutional disorder. Prescribe a simple nutritive diet and the best hygienic precautions. After a month, if no improvement is manifest, resort to nasal injections of dilute carbolic acid, quite weak, but frequent.

*J. S. C., of Md.*—"I will mention a singular case of a man in perfect health, but who perspires only on one-half of his body. He is a blacksmith by trade, and I have seen the perspiration standing in drops on the right side, from his forehead, along the bridge of his nose, and down his face and body, while his left side remained comparatively dry. How can this be accounted for?"

Such cases are not rare. It depends upon an unequal innervation of the two sides of the body, originating in the cerebral lobes.

## METEOROLOGY.

| March, | 1, | 2, | 3, | 4, | 5, | 6, | 7. |
|---|---|---|---|---|---|---|---|
| Wind..... | N. W. | N. | W. | N. W. | N. W. | N. | N. W. |
| Weather.... | Clear. | Cl'dy. | Clear. | Cl'dy. | Clear. | Cl'dy. High wind. | Clear. |
| Depth Rain.. | | | | | | Snow. | |
| *Thermometer.* | | | | | | | |
| Minimum..... | 1° | 7° | 20° | 25° | 7° | 14° | 10° |
| At 8, A. M..... | 20 | 22 | 33 | 34 | 13 | 23 | 21 |
| At 12, M..... | 27 | 33 | 43 | 41 | 23 | 28 | 27 |
| At 3, P. M..... | 28 | 40 | 44 | 42 | 24 | 28 | 28 |
| Mean..... | 19. | 25.50 | 35. | 35.50 | 16.75 | 22.75 | 21.50 |
| *Barometer.* | | | | | | | |
| At 12, M..... | 30. | 29.7 | 30. | 29.7 | 30.6 | 30. | 30.6 |

*Germantown, Pa.* B. J. Leedom.

# HAZARD & CASWELL'S
# PURE COD-LIVER OIL.

**Prepared on the Sea-Shore of Cape Cod and Cape Ann, by Mr. CASWELL personally, from Fresh and Selected Livers.**

The universal demand for an article of Cod Liver Oil that could be depended upon as STRICTLY PURE AND SCIENTIFICALLY PREPARED, having been long felt by the Medical Profession, we were induced to undertake its manufacture at the FISHING STATIONS, where the fish are brought to land every few hours, and the livers consequently are in great perfection. Its manufacture is personally superintended by Mr. CASWELL, and every gallon made is closely scrutinized. This Oil is confidently recommended to the Trade and

Medical Profession as the SWEETEST and PUREST in the market.

It is made of fresh selected livers, on the sea-coast, and can be retained by the stomach when other kinds fail, so sweet and pure is it, from the great care and skill attending its manufacture.

Prof. PARKER, of New York, says: "I have tried almost every other manufacturer's oil, and give yours the decided preference."

Prof. HAYES, State Assayer of Massachusetts, after a full analysis of it, says; "It is the best for foreign or domestic use."

After years of experimenting, the Medical Profession of Europe and America, who have carefully studied the effects of different Cod-Liver Oils, have unanimously decided the *light, straw-colored Cod-Liver Oil to be far superior to any of the brown oils.*

The nauseous and offensive character of the usual Cod-Liver Oil in use is extremely prejudicial—more so than none at all; so that an article fresh and pure is indispensable.

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THE BEST THREE TONICS OF THE PHARMACOPŒIA,

## IRON—PHOSPHORUS—CALISAYA.

CASWELL, HAZARD & CO. also call the attention of the profession to the preparation of the above estimable Tonics, as combined in their elegant and palatable

## FERRO-PHOSPHORATED ELIXIR OF CALISAYA BARK,

a combination of the Pyrophosphate of Iron and Calisaya never before attained, in which the nauseous inkiness of the Iron and astringency of the Calisaya are overcome, without any injury to their active tonic principle, and blended into a BEAUTIFUL AMBER-COLORED CORDIAL, delicious to the taste, and acceptable to the most delicate stomach.

A teaspoonful contains one grain of the Salt of Pyrophosphate of Iron, and a pint of the mixture contains the virtue of one ounce of Royal Calisaya Bark. The Profession are warned against many imitations of the Ferro-Phosphorated Elixir of Calisaya, made from very inferior materials.

### Ferro-Phosphorated Elixir of Calisaya Bark, with Strychnia.

This preparation contains one grain of Sulphate of Strychnia added to each pint of our Ferro-Phosphorated Elixir of Calisaya Bark, greatly intensifying its tonic effects.

### Ferro-Phosphorated Elixir of Calisaya, with Sub-Carbonate of Bismuth.

This combination has now become exceedingly popular with the first physicians of the country, by whom it is efficiently and successfully used in Gastralgia, Laborious Digestion, Acid Eructations, Nausea, Debility, and Nervous Derangements. Each tablespoonful contains eight grains Ammonio Citrate of Bismuth, four grains Pyrophosphate of Iron, and three-quarters grain of Quinine in its natural state of combination.

CASWELL, HAZARD & CO., Successors to Caswell, Mack & Co.,
*Family and Manufacturing Chemists,*
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THE

# MEDICAL AND SURGICAL REPORTER.

No. 630.] PHILADELPHIA, MARCH 27, 1869. [Vol. XX.—No. 13.

## Original Department.

## Communications.

### EPILEPSY CURED BY A BURN.

By M. Reece, M. D.,

Of Abingdon, Ill.

The following case, which occurred in my practice, may be of some value in showing the effects of a burn in epilepsy. I am induced to record it from reading Dr. Pearson's article on the subject, in the Reporter for Feb. 20th.

S. B., male, aged 12, was attacked with epilepsy fifteen months ago. He had a fit every day, somewhat wild, but always losing consciousness. Two months ago he was seized with a fit, and fell against a hot stove, near which he was sitting at the time. His father being in the room, saw him when he touched the stove, and lifted him from it immediately. The burn was on the right side of the face, extending from the outer canthus of the eye, over the temple and malar bone. It was of the third degree. (Dupuytren.) The patient was entirely unconscious when he received the burn. From that day to this, (March 5th,) he has not had a fit, nor symptoms of one.

For two weeks previous to the reception of the burn, he had been using bromide of potassium and sat. tr. cimicifuga in large doses. Under the influence of these remedies, from having a fit every day, he had but one every other day. He used the bromide of potassium when he was first attacked, without benefit.

Although too short a time has elapsed to pronounce this case a *cure*, still I am of the opinion that the relief so far obtained was brought about by the burn.

### The Bi-sulphide of Carbon.

We have several times called attention to this curious substance. Recently in an English journal Dr. G. Kennion speaks of it as a cure for headache. He says: Its mode of application is simple. A small quantity of the solution (about two drachms) is poured upon cotton wool, with which a small, wide-mouthed, glass stoppered bottle is half filled. This, of course, absorbs the fluid, and when the remedy has to be used, the mouth of the bottle is to be applied closely (so that none of the volatile vapor may escape) to the temple, or behind the ear, or as near as possible to the seat of pain, and so held for from three to five or six minutes. After it has been applied for a minute or two a sensation is felt as if several leeches were biting the part; and after the lapse of two three or four minutes more, the smarting and pain become rather severe, but subside almost immediately after the removal of the bottle. It is very seldom that any redness of the skin is produced. The effect of this application, as I have said, is generally immediate. It may be re-applied, if necessary, three or four times in the day.

The class of headaches in which this remedy is chiefly useful is that which may be grouped under the wide term of "nervous." Thus neuralgic headache, periodic headache, hysterical headache, and even many kinds of dyspeptic headache, are relieved by it; and although the relief of a symptom is a very different affair, of course, from the removal of its cause, yet one who has wittnessed (and who of us has not seen?) the agony and distress occasioned by severe and repeated headache, but must rejoice in having the power of affording relief in so prompt and simple a manner.

As regards the *modus operandi* of this remedy, it is difficult, perhaps, to form a certain opinion; but I am disposed to attribute it to the sedative effect of the vapor of the bisulphide, absorbed through the skin, and acting upon the superficial nerves of the part to which it is applied. The remarks of M. Delpech (*Annales d'Hygiene*, January 1863,) point out very clearly the remarkable prostration of the whole nervous system produced in workmen who, in certain manufactures, are exposed to the vapor arising from a solution of the bisulphide of carbon; and we can readily understand that a somewhat similar effect, upon a small scale, may be produced by the application of this vapor to a limited portion of the surface.

# Medical Societies.

## BALTIMORE MEDICAL ASSOCIATION.

Reported by J. W. P. Bates, M. D.

### A new Modification of Sims' Speculum.

Dr. Erich presented a new modification of Sims' speculum with the following remarks: "That Sims' speculum is unequaled in the facility it gives for exploration and treatment, is a fact so well established and so generally acknowledged by gynecologists, as to make it superfluous to dilate upon it. The principal obstacle to its introduction into general practice has been the necessity of an assistant, in order to develope its real value, and even when in the hands of the most skilful assistant, especially during tedious operations, it frequently becomes necessary for the operator to put down his instruments, and correct the position of the speculum with his hands. This difficulty will be unavoidable so long as the speculum requires an assistant to support it, and consequently it is liable to be moved independently of the patient's body, and so long as the assistant's head cannot be in such a situation as to enable him to see whether it is in proper position or not. Considering the large number of cases which can only be relieved by the aid of this speculum and no other, and that quite a number of patients cannot be induced to submit to an exposure before a third person, we need not be astonished at the numerous modifications of this speculum presented to the profession during the comparatively short space of time that has elapsed since the invention was first published.

Although all of these contrivances are intended to enable the practitioner to use it without an assistant, not one of them can be claimed to be equal to Sims' unmodified instrument in the hands of a skilful assistant. All who have been obliged to perform an operation upon the interior surface of the uterus, requiring any length of time will agree with me when I say that an assistant is at best a *necessary* evil, and any contrivance which will secure the speculum to the patient's body in such a manner as to produce the same exposure of the interior of the vagina, and permit equal access to the uterus without the aid of an assistant, cannot fail of being acceptable to the physician as well as the patient.

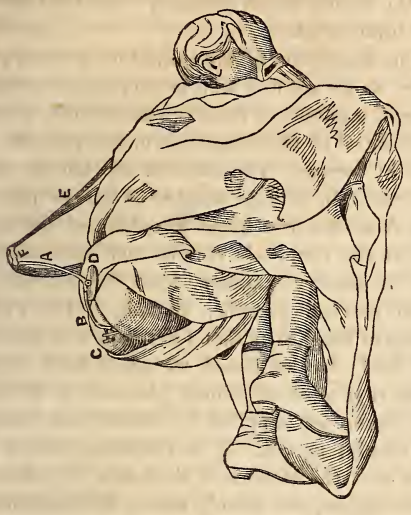
Being convinced that a want for such a modification really existed, and that none of those published had fully supplied it, I proceeded to analyze the motions produced by the assistant's hand, after the speculum had been introduced, and found that they were only two, viz., a drawing of the perineum backward and a little upward, and that they could be very easily imitated by levers. The principal point to be considered was where to place the fulcrum, and from what point the necessary point was to be exerted. The internal surface of the inferior edge of the pubes being the point against which most specula exert the required force was rejected, because it will not bear in young and muscular subjects the required amount of pressure. After considering several other places that might be chosen, it was determined to place it on the posterior surface of the sacrum, and make extension from the left shoulder by means of a strap. Without detaining you with a description of the successes and failures met with during a long series of experiments, I shall confine myself to giving merely the results.

It is an instrument that will do all that an assistant can do with the unmodified speculum, without getting fatigued, as he will, and it is sure to follow all the motions of the patient, without losing its relative position to her body. It will remain in its position whether the woman is walking, standing, kneeling, or in the left lateral semi-prone position, and at the same time it will securely keep the garments of the patient out of the operator's way."

Dr. Erich exhibited his modification to the members of the Baltimore Medical Association, and upon illustrating its use upon a patient present for that purpose, the members generally expressed themselves as being highly pleased with it. It can be manufactured and furnished to the profession, by instrument makers of this city, at a cost of fifteen dollars. The accompanying figures will explain it better than any description can do.

Fig. 1 represents the speculum as used with the patient upon her knees. (A) The ascending lever, measuring six and a-half inches from the joint to the top of the buckle. (B) The descending lever. (C) A movable joint by means of which the speculum is secured to the descending lever. It is provided with a screw for the purpose of adjusting the angle of the speculum after its introduction into the vagina. (D) The fulcrum consisting of a round plate resting upon the sacrum. (E) The strap by means of which extension is made from the left shoulder. (F) The spring buckle which siezes and holds the strap at any degree of tension.

Fig. 1.




and others of different sizes substituted. (F) Screw for adjusting the angle of the speculum. (G) A small speculum. (H) A larger one (I) a still larger one provided with a fenestrum for operations for recto-vaginal fistula and other affections of the posterior wall. (K) A plate fitting over and closing the fenesnum.

Fig. 4. The speculum, lever and strap, in the position occupied by them in fig. 1, without the patient's body. (G) A speculum with a depressor attached, which having a sliding as well as a circular motion, may be secured in any suitable position by tightening the screw. The depressor can be removed and used as an ordinary one by the hand.

Fig. 2.

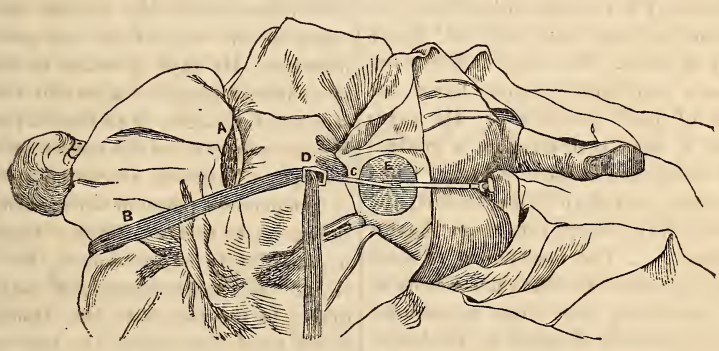



Fig. 3.

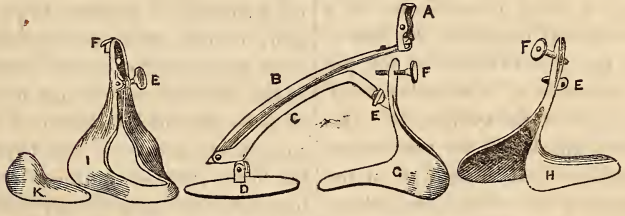
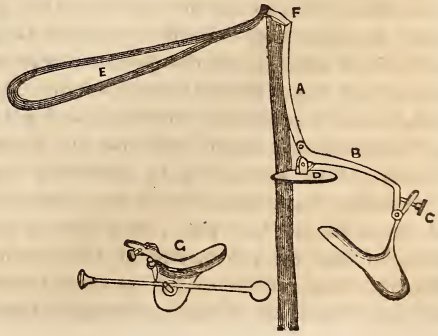



Fig. 2. Represents the patient in the left lateral semi-prone position, and shows more distinctly the position of the strap. (A) The strap passes under the right axilla. (B) It passes here over the left shoulder. (C) The ascending lever. (D) The buckle. (E) The fulcrum plate.

Fig. 3. (A) The spring buckle. (B) The ascending lever folded upon (C) the descending lever. (D) The fulcrum plate. (E) A screw by means of which the speculum can be detached,

Fig. 4.



# Editorial Department.

## Periscope.

### On Going to Sleep.

The *Brit. Med. Journal* remarks that an interesting little book has just been published by Mr. Charles H. Moore, *On Going to Sleep*, in which he endeavors, and we think with some success, to advance our knowledge of this interesting and mysterious state. Mr. Durham had concluded that "whatever increases the activity of the cerebral circulation tends to preserve wakefulness; and whatever decreases the activity of the cerebral circulation, and at the same time is not inconsistent with the general health of the body, tends to induce and favor sleep." But, as Mr. Moore remarks, we are only too apt to overlook the fact that sleep "is an abrupt change of state;" and we are usually too content to attribute its accession to some general cause, such as "weariness" of body or mind. This may facilitate our repose, and be a predisposing cause; but it certainly cannot of itself produce it. He says: "Sleep is not a mere continuation, a gradual deepening of weariness. Some persons, when by no means weary, can sleep almost at will; and when unquestionably weary, can resist the disposition to sleep. . . . The mechanism of sleep must be something more specific than a sense of weariness." Admitting that sleep is attended by a gradual diminution of blood in the brain, Mr. Moore thinks that this diminution, which is the immediate cause of sleep, is occasioned by a contraction of the arterial trunks at the base of the brain, and of the blood vessels of the pia mater, under the influence of a stimulus originating from the ganglia of the sympathetic system. But he does not think that the contraction extends to the intra-cerebral vessels or to the ultimate ramifications of the carotid and subclavian arteries in the substance of the various parts of the brain; because, as he says (on what authority we know not) these intra-cerebral twigs are devoid of nerves; and also because, as he intimates, they do not possess muscular walls. This last inference is somewhat surprising, and yet it may be legitimately drawn from what Mr. Moore has said. After attempting to show why it is not probable that contraction of the intra-cerebral twigs should take place, he comes to the conclusion that the contraction of the arteries producing sleep *extends as far as those vessels have muscular walls*." If this were the case, then, judging from our own observation, the contraction of the vessels would certainly extend far on into the brain-substance.

The regulation of the calibre of arteries generally, as we are now well aware, after the experimental inquiries of Bernard and others, is under the control of the ganglionic or sympathetic system of nerves. The carotids are known to be embraced by a large number of nerves proceeding from the first great ganglion of the neck; whilst the vertebrals receive their nerve supply, but in smaller quantity, from the second and third cervical ganglia; though, if the experiments of Dr. Nothnagel (Virchow's *Archiv*, Bd. 41, 1867) be confirmed, we shall have to conclude that other additional filaments to the carotid plexus are supplied by offsets from some of the cranial nerves. It is, therefore, almost certain that the arteries of the brain, like those of other organs, are mainly under the dominion of the sympathetic ganglia; and we do not feel the difficulties which, Mr. Moore seems to think, stand in the way of the acceptance of such a doctrine. He says it seems to attribute to the sympathetic ganglia "a certain discretion, some faculty of thought, or at least a power of selecting the moment and the method of overpowering the brain;" and this ascription to them of a kind of independent power of superseding the cerebral functions, he seems to think, "teaches the innermost difficulty of accounting for the onset of sleep." But this supposed difficulty seems attributable to the fact that Mr. Moore appears to think the force causing the arteries to contract must either emanate spontaneously, as though by a species of volition, from the cervical ganglia; or else must be derived ultimately from some portion of the central nervous system (such as the medulla) which does not sleep. But most of these difficulties vanish, if we suppose some such interpendence as this to exist—namely, that the brain exercises a kind of repressive or inhibitory influence upon the cervical ganglia, so that, in the ordinary conditions of wakefulness, a tonic state of contraction merely is maintained in the arteries. But brain energy has a controlling influence over other lower nerve centres, as physiologists have abundantly demonstrated; and in this particular case we may suppose that, just as the brain-power diminishes, or, in other words, as the fatigue increases, so is the pressure taken off from the sympathetic ganglia, so that they tend to assume that condition in which they are enabled freely to generate, or at all events discharge force adequate to bring about the contraction of those cerebral arteries which is necessary

for the production of sleep. The contraction so caused, entailing as it does a still further diminution of brain-force, gives rise to conditions still more favorable for the spontaneous and continuous outpouring of force from the cervical ganglia; so that the condition of sleep continues, and is rendered sounder than at its time of onset. Nutritive restoration going on throughout the brain during sleep, whilst the expenditure from functional activity being slight, at last we may imagine a degree of tension existing in the nerve-elements of the brain which, from some slight determining cause, leads to an overflowing stimulus upon those portions of the sympathetic ganglia concerned in the production of sleep, sufficient to curtail the amount of energy emanating from them. This leads to a re-dilatation of the cerebral vessels to those dimensions which coincide with the state of wakefulness. Some such correlation or interdependence, we think, must exist between the brain and the parts of the sympathetic ganglia concerned in the production of sleep. It is well known that persons of active and excitable temperaments are not the greatest sleepers; but, on the contrary we meet with these amongst children (whose power of attention is soon exhausted), amongst very old people, and persons of dull, sluggish intellects. These facts are harmonious enough with the view we have just been enunciating—a view which Mr. Moore might have advanced more clearly and decidedly than he has done; for, in spite of the difficulty before alluded to, he does seem to have drifted into some such doctrine as this in his "Summary," (p. 30.)

It has as yet only been actually demonstrated that contraction takes place during sleep in the branches of the carotid arteries; and it is at present, therefore, only a matter of presumption that a similar condition exists in the branches of the vertebral and basilar arteries. Mr. Moore, however, concludes that "the vertebrals contract less vigorously and less completely than the carotids, and that the sleep of the posterior [and inferior] parts of the brain is consequently less profound than that of the anterior;" though it appears to us that a consideration of the state of the mind during sleep and dreaming would lead rather to the very opposite conclusion. He says that filaments from the sympathetic plexuses do not extend so far along the branches of the vertebrals as they do along those of the carotids; and therefore he is disposed to think that the sleep of the parts of the brain which they supply is procured rather by the contraction of the main trunks, than by that of their offsets. But, we would ask, how is it possible for the main trunks to contract when they have undergone that extreme degree of calcification and thickening which we not unfrequently see in old people, whose ability to sleep has, however, suffered no corresponding diminution? We think that Mr. Moore places too much weight upon the contraction of the main vessels, and is by no means sufficiently disposed to admit the possibility of the contraction of those smallest arteries within the brain-substance, upon the alteration of whose calibre Girondeau (*De la Circulation Cérébrale Intime dans ses Rapports avec le Sommeil*, Paris, 1868) perhaps lays even too great a stress. From the various mental states, however, during sleep, as evidenced by different kinds of dreams and somnambulistic conditions, it would seem probable that there are local ganglionic centres throughout the brain presiding over comparatively limited vascular territories; so, that some portions of brain might be in a condition of subdued activity, whilst others supplied by the same main artery were in a state of sleep. All this, however, is mere conjecture.

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### Glycerate of Tar.

The excellent effects of tar in skin diseases leads us to call attention to the elegant preparation called glycerate of tar. Its preparation is thus described by Mr. J. B. Moore, in the *Am. Jour. of Pharmacy.*

Glycerine seems to be a good solvent of the medicinal properties of tar, and possessing demulcent, alterative and nutrient properties, serves as a valuable adjunct to the latter therapeutically.

I will now present the formula which I have adopted, after repeated trials, as the most desirable for the manufacture of this preparation:

| | | |
|---|---|---|
| ℞. | Picis Liquidæ (strained), | ℥j. troy. |
| | Magnesiæ carb. (rubbed to powder on a sieve), | ℥iij. " |
| | Alcoholis, | f℥ij. |
| | Glycerin, | f.℥iv. |
| | Aquæ, quantum sufficit. | |

Mix the alcohol and glycerine with ten fluid ounces of water. Rub the tar in a mortar, first with the carb. magnesia gradually added, until a smooth pulverulent mixture is obtained; then gradually add, in small portions at a time, with thorough trituration continued for fifteen or twenty minutes, six fluid-ounces of the mixture of alcohol, glycerine and water, and strain, with strong expression; return the residue to the mortar, and repeat the trituration as before, with five fluid-ounces more of the same liquid, and express; again treat the dregs in same manner

with the remainder of the menstruum, and after expression reduce the residue by trituration to a uniform condition, and finally pack firmly in a glass funnel prepared for percolation, and pour upon it the expressed liquors, previously mixed, and when the mixture has all passed from the surface, continue the precolation with water until one pint of liquid has been obtained.

When first prepared the "Glycerate" is of a beautiful rich reddish-brown color. After a short time it loses, in a measure, its transparency in consequence of a separation of *inert* pitchy matter. But its pristine beauty may be easily restored by filtration, which is accomplished in a few minutes, as it passes the filter very rapidly. This deposit of resinous matter continues for a considerable lapse of time, but does not diminish or impair in the slightest degree the medicinal virtues of the preparation, but simply temporarily mars its beauty.

It possesses in a high degree all the sensible properties of tar. In this they are more strongly marked than in any preparation of tar, excepting the tincture, I have seen.

In conjunction with the fluid extract of wild-cherry bark, acetate, or syr. squills, syrups of sanguinaria, lactucarium, etc., in varied proportions to suit the views of the prescriber, it will form elegant and palatable combinations, which will be found peculiarly adapted to the treatment of chronic coughs, and the various diseases of the pulmonary organs.

Each fluid-ounce of the glycerate, if the process has been carefully managed, will represent about thirty grains of tar, the dose of which is from a dessert to a tablespoonful.

The glycerate may be made, and I think almost equally well, without alcohol, by replacing that liquid with glycerine. When made in this way, the preparation deposits less resinous matter, as glycerine takes up less of that substance, yet the odor and taste of the tar is nearly as strong as when alcohol is employed in its manufacture.

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### Tetanus Treated by Calabar Bean.

In the Clinical Society of London, on Friday, Feb. 26th, 1869, Mr. Holthouse related two cases of traumatic tetanus in which the Calabar bean extract was given in larger doses than had hitherto been considered compatible with safety, viz., three grains every two hours, and on one occasion as much as four grains and a half in a single dose. The first case, in which the large doses were given, recovered. The second, which was of a more acute character, died on the fourth day of the seizure, notwithstanding the physostigma had been given from the very first accession of the symptoms in grain and a half doses every hour, and the patient was for the greater part of the time fully under its influence. He remarked that, with our present knowledge of the pathology of tetanus, a successful issue could scarcely be looked for in those cases in which the peripheral nerves were deeply implicated, unless they could be acted on simultaneously with the cord. The Calabar bean diminished the excitability of the latter and of the motor nerves, but did not affect the sensory nerves; we wanted a remedy which would act similarly on these, and possibly opium, from its known paralyzing effect on the nerves, might do this. The chief points of interest in the fatal case, in which the knee-joint was laid open by a large lacerated wound, were the almost entire absence of constitutional symptoms till the accession of the tetanus, and the absolute immunity from painful cramps which constitute so striking a feature of the disease.

Mr. Bryant referred to a case in which he thought that the fatal result was due to the influence of the Calabar bean. He thought very ill of treatment in acute tetanus, but drew attention to the possible utility of tracheotomy as preventable of the risk of death from spasm of the glottis.

Mr. Maunder in two cases failed to gain anything from the use of the Calabar bean: he had found more help from opium. Tetanus did not, he considered, especially attack the larynx, and he doubted if much good would come from tracheotomy, although it was an operation he thought deserving of a trial.

In reply, Mr. Holthouse observed that in tetanus patients either died of suffocation during a paroxysm or they died of exhaustion. If this suffocation was from spasm of the glottis, then opening the trachea would undoubtedly prevent death from that cause, but it was equally probable that death during the paroxysm arose from spasm of the diaphragm, and possibly of all the respiratory muscles. The symptoms which Mr. Bryant had detailed as occurring in his case were those which always precede death from exhaustion. Mr. Holthouse did not believe that the Calabar bean had anything to do with the death.

Mr. Callender referred to cases of tetanus treated by Mr. Wormald by active aperients, and to the good results which were thus obtained in many instances.

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Medical and Surgical Reporter.

PHILADELPHIA, MARCH 27, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

## THE DRUG BILL.

The notorious and scandalous adulteration of drugs has long been known even to the public. Recently a bill was introduced in the Pennsylvania Senate to check if possible this great evil. The bill was entitled "An act to prevent adulteration in drugs, and medicinal preparations, and to provide for the appointment of an inspector of drugs." It had its origin in the "Medical Society of the State of Pennsylvania," which, at its last session at Harrisburg, in June, 1868, passed unanimously a resolution to memoralize the Legislature to make a law to prevent adulteration in drugs and to create the office of drug inspector. The committee appointed to carry out the object of the resolution was composed of Drs. Cummiskey, Nebinger, and Bolles, of this city. These gentlemen memorialized the Legislature and framed the drug act, which was given to Senator Connell to present. This gentleman courteously presented it to the Senate, and (for reasons which he has not yet imparted to the committee) then killed it in the Judiciary Committee. After having seen the bill effectually disposed of, he wrote to the committee stating that the opposition to it was too great to allow it to pass.

A substitute has been since offered in the House by Mr. Rogers. It provides that it shall be a misdemeanor, with a penalty not exceeding one thousand dollars and the costs of prosecution, for any one to adulterate drugs or medicines, or to sell or use them in the manufacture of medicinal preparations. To obviate the necessity for an inspector of drugs, it is provided that any resident physican, being a graduate of medicine and pharmacy, may complain under oath or affirmation, before any alderman or justice of the peace, that there are reasonable grounds for belief that impure drugs are being sold, and on such complaint a search warrant shall issue, and in case of conviction the impure, inert, or adulterated drugs or medicinal preparations shall be destroyed by order of the court.

There is no likelihood that this will pass. The druggists are bitterly opposed to any bill which will disclose their nefarious operations. As one of the daily papers of our city very justly says, the indignation excited at this bill, the terrible buffet it met with, the hasty silence it received, arouse the suspicion of guilt. It scarcely needed the contents of the memorial to convince one that immense frauds are being perpetrated upon the people by druggists. They have foolishly confessed the charge. They have framed their own indictment. Had they said to the physicians, "We will go heart and hand with you in this your initial step to procure health-giving medicines," then would suspicion have been turned aside and a merited end been speedily reached. But as it is, the case is against them. And this will the quicker draw upon them the fate they wish to avoid. It will only serve to make conspicuous a fraud which otherwise might have been concealed. It will invite investigatiou, and will eventuate in the appointment of an inspector in spite of them. Their opiates cannot put justice in a perpetual sleep. And, what is more, the penalties for tampering with ingredients will increase in severity just as the disposition is manifested to cover up illicit trade. To impose upon the shrewd and active well man is bad, but to gather wealth by swindling a sick and helpless one is infinitely worse.

## ADULTERATION OF FOOD AND DRUGS.

The *Public Ledger*, of this city, remarks, concerning the scandalous falsification of drugs and groceries so prevalent now, that it is difficult to point out an effective remedy. The plan of employing inspectors has been tried in some cases, but with us it has failed, because the inspectorships go into the hands of mere politicians without fitness for the places. They consider such offices mere party sinecures, invented for the object of giving them salaries and emoluments, and too often pervert them into mere money-making machines, regardless of the public good and the real purposes of the law. As a rule, the law goes far enough when it makes adulterations of food, medicines, etc., penal offences, and provides simple and effective remedies by which the penalties may be sued out and the offenders exposed. There is then full means for public protection, and it rests with the public

to see that the laws are executed. A few vigorous prosecutions reported in the newspapers would soon produce a wholesome reform. Dishonest dealers cannot stand such exposures.

## CASES OF ALLEGED MALPRACTICE.

These always have an interest to every practising physician. That of Dr. Ripley, of Washington, was concluded a few weeks ago. Dr. R. had prescribed ten grains of morphia, in six powders, and the patient died. Judge Fisher charged the jury. He said that a mere error of judgment should not be punished, for all are liable to err. If he gave medicine for the purpose of relieving the patient, and by mistake prescribed an excessive dose, he is not guilty of manslaughter. If there was wilful rashness; if he cared not whether the medicine killed or cured, it would be different from a case where the medicine is administered with honest intentions. It had been testified that this was one of prescriptions which it was designed should not be administered after relief was had, and that deceased was relieved by the first dose. The physician was not responsible for the administration of the second dose, and they should acquit him. The jury after a short absence returned a verdict of not guilty.

Another recent case occurred at Cleveland, O. On the 20th of February, 1864, William Richardson, a married man, with several children, a painter by trade, employed as foreman of the paint shop of Morrell & Bowers' car manufactory in Cleveland, jumped from a carriage in which he was riding with a companion, the horse being then in the act of running away, and striking on his right foot on the frozen ground, suffered fracture of the fibula, or smaller bone of the leg, about an inch and a half above the articular surface of the ankle, and a dislocation, more or less complete, of the tibia, or large bone of the leg. This accident occurred late on a Saturday night, and the defendant, then a practicing physician and surgeon, was called at once, arriving at Richardson's house within an hour and a half of the time of the accident. He found Richardson lying on the floor, where he had fallen from a lounge on which he had been laid when brought in. Defendant dressed the leg, put it in Day's splints, had the patient removed to a bed, and left. On the several days immediately following, defendant visited the patient with several other physicians and surgeons, and within a week removed the splints from the leg, put it in a fracture box, and treated the patient for approaching delirium tremens. This treatment was continued about two weeks, and shortly after defendant advised the patient that good surgery required the amputation of the injurged leg. The patient refused peremptorily to submit to this, and was then told by defendant that he would try and make an anchylosis, or stiff joint, and save the leg, but that it might be necessary to amputate the leg at last. Defendant then treated the leg to secure such a joint, until some time the following summer, when the patient was able to walk about on crutches, and finally, in August, to walk with a cane. In June or July, defendant ceased to treat the case. In February of the following year, or one year from the time of the accident, Dr. Elisha Sterling amputated the injured leg. The amputated bones of the leg were prepared for preservation, and were produced in court. The fibula appears, fractured as above stated, with the lower end in a position at a right angle with the other part, and the two parts finally united by bony process, and the lower end also firmly united in the same way with the astragalus or ancle bone. The tibia appears, completely dislocated from its proper position on the astragalus, and thrust downward on the inner side of the foot. The effect of this was to turn the sole of the foot outward and upward. The astragalus appears diseased and softened. This was the state of facts when Richardson brought suit and claimed damages in the sum of $10.000. Some time in 1868, however, Richardson died, the suit never having come to trial, and it now comes by the administrator on his estate. Plaintiff claimed that the fracture and dislocation of the bones of the leg were never properly reduced by the defendant as it was his duty to reduce them; that he failed to keep them reduced as he should have done; and that he neglected to amputate the leg at the time when good surgery required that it should have been amputated. Defendant replied that the fracture and dislocation were properly reduced; that he kept them so until the approach of delirum tremens made it impossible to do so; that he fully advised the patient of the necessity for amputation, and warned him that if he refused to submit to amputation he must take the risks on himself, and that he did agree so to take the risks and responsibility; that the physical condition of the patient, the result of his intemperate habits, and the premonitions of delirium tremens, which came upon him soon after the accident, were effectual and insurmountable obstacles to a speedy recovery, and greatly diminished the chances of any recovery at all; and,

finally, that defendant did all required of him by good surgery in the case.

The case turned mainly upon the question of what was good surgery under the circumstances, there being but little dispute as to the facts. There was, indeed, testimony on both sides as to the intemperate habits of Richardson.

The plaintiff called as experts Drs. Proctor, Thayer, Elisha Sterling, W. H. Capener, R. S. Strong, W. B. Rezner, John Bennett, and G. C. E. Weber—all of the regular school of medicine, and of long experience in the city. These witnesses testified that the injury to Richardson's leg was not an unusual one, and that in such cases, provided there are no extraordinary obstacles, the promise is always of complete recovery, with motion retained in the joint. That it is not a difficult matter for a surgeon of ordinary skill and care to replace such dislocated bones, and to determine by manipulation when they are so replaced. One or two of them, who were asked the question, said that the simple lifting of the injured leg, as described by Mrs. Richardson, on one or two occasions, would not be a serious interference to speedy recovery. Dr. Thayer testified that in a case of this kind inflammation will not irritate the muscles sufficiently to draw the tibia entirely out of its place unaided by any other circumstance or force. Drs. Weber and Strong said that Day's splints, properly fitting, could not be put on if the dislocation had not been reduced. The same witness also said that such splints must be taken off when great inflammation had set in. Drs. Strong and Weber also said the injury in this case was a severe one, and the latter testified that the excessive use of liquor always impairs reparatory powers. Dr. Thayer said positively, that the union of the broken bone as shown in court, was a healthy union, and must have taken place soon after the accident, or not far from the usual time. Other witnesses also testified that the bony union was a strong one, and did not indicate such vitiation and prostration of the repara tory functions as would seriously interfere with recovery. Dr. Weber said that inflammation alone might displace the bones after setting. The witnesses generally agreed that if inflamma tion set in splints must be removed; that then it would be good surgery to put the limb in a fracture box; that to save the leg by making an aschylose joint, the effort should be to keep it still.

Defendant called, as experts, Drs. D. H. Beckwith, N. Schneider, H. F. Biggar, and T. P. Wilson—all of the homœopathic school of medicine. Drs. Eddy (deposition) and Schneieer testified that the day after the accident the leg was properly dressed, fracture and dislocation reduced. Also, that symptoms of delirium tremens soon manifested themselves; violent inflammation of the ankle, and finally gangrene showed itself. That the treatment was in accordance with the rules of good surgery throughout; that the splints would not be kept on because of inflammation, and that the muscular disturbance was so great as to seriously interfere with the progress of the cure. Except as to the latter fact, of which they had no personal knowledge, the other witnesses for the defendant substantiated these statements.

The case was argued at length, and went to the jury at half past three o'clock. Soon after four o'clock the jury came in with a verdict for plaintiff for $3,333.

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## VITAL STATISTICS OF MICHIGAN.

Pursuant to the requirements of an act passed by the Legislature of Michigan in 1867, providing for the registration of births, marriages, and deaths, the Secretary of State has a report of those statistics (so far as could be obtained) for the year ending April 5th, 1868.

The whole number of names registered during the year ending April 5th, 1868, (including births, marriages, and deaths,) as returned by the varions county clerks, is 37,000. Nineteen thousand five hundred and forty-four children were born, 10,177 of whom were males, and 9,367 were females. Five thousand seven hundred and three couples were married. Of this number, 3293 were marriages of those native born; 695 were foreigners; 692 were marriages in which one party was a foreigner, and 1023 marriages were reported with the nativity of the parties unknown.

The whole number of deaths is 6250, of which 3331 were males, and 2919 were females.

There were in all 226 cases of twin births, of which children 223 were males, and and 229 were females; the proportion of twin children to those of single birth being as 1 to 43¼.

Among those who died at extraordinary advanced ages were Jacob Poland, of Bridghamton, Santiac county, aged 104; Susanna Dubois, Port Huron, 103; Catharine B. Kimball, Franklin, Lenawee county, 100; Roswell Raymond, of Marathon, Lapeer county, John McWilliams, of Flint, and John Warner, of Brooklyn, Jackson county, each died at the age of 99.

Consumption, typhoid fever, pneumonia, dysentery, old age, dropsy, heart disease, casualty,

intermittent fever, and brain disease were the ten predominating causes of death.

It is a surprising fact, that of the whole number of deaths reported from all causes, more than one-third were those of children under five years of age. This seems to show that even in country districts, similar mortality of infants prevails as in cities.

# Notes and Comments.

## THERAPEUTICAL BULLETIN.*

Compiled by Geo. H. Napheys, M. D.

No. 6.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc., etc.

The selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form.

It is not to be understood that the recipes already published are all that are to be given upon the therapeutical subjects treated of. For the purpose ef securing greater variety, a new topic is, for the present, introduced in each week's bulletin, which will be continued in future, though not consecutive, numbers. This week's space will be occupied by some of the formulæ employed as

*Expectorants in Bronchitis and Phthisis.*

Dr. J. M. Da Costa.

℞ Morphiæ acetatis, gr. ij.
Potassii cyanidi, gr. j.
Acidi acetici, f.ʒj.
Ext. pruni virginianæ fl.,
Misturæ acaciæ, āā f.ʒij. M.

A teaspoonful four or six times a day, as a sedative mixture for the cough of phthisis.

Dr. James Copland.

℞ Liq. ammoniæ acetatis, f.ʒj.
Spt. ætheris nitrosi, f.ʒiij.
Vini antimonii, f.ʒijss.
Misturæ amygdalæ, ad f.ʒviij. M.

One or two tablespoonfuls every third or fourth hour, in the treatment of primary or simple bronchitis. The bowels should be moderately opened by a small dose of calomel or blue pill, with antimonial powder at night, and a gentle aperient in the morning. If the patient be aged, delicate, or vitally depressed, the antimony may be omitted from the prescription, and a proportion of the infusion of cinchona, or of the decoction of senega added. The dose of the antimony may, of course, be increased if indicated. When the fever is considerable, or the patient complains of soreness or pain in the chest, a mustard poultice may be applied over the sternum, or the following terebinthinate embrocation employed.

℞ Linimenti saponis,
" terebinthinæ, āā f.ʒiss.
Olei olivæ, f.ʒvij.
Olei cajuputi, f ʒj. M.

This embrocation, having been well shaken, should be sprinkled on two or three folds of flannel, or on spongeo-piline, and placed either over the thorax or between the shoulders.

Dr. E. Headlam Greenhow.

℞ Vini ipecacuanhæ
Acidi nitro-muriatici dil., āā ♏x.
Tr. hyoscyami, ♏xx.
Tr. gentiani compositæ, f.ʒss.
Aquæ, ad f ʒij.
For one dose.

To be taken in water three times a day, in chronic bronchitis. In almost all cases of chronic bronchitis a time arrives when expectorants cease to be useful. The expectoration has become of the nature of an habitual flow from the bronchial membrane. Treatment of a tonic character is then required. In these cases Dr. Greenhow has long been accustomed to prescribe with great advantage the mineral acids, especially the nitro-muriatic, in combination with a vegetable bitter, as above. In chronic cases attended by very copious expectoration, he adds to each dose of the above mixture twenty minims of the tincture of larch, which has the effect not only of lessening the expectoration, and with it the cough and dyspnœa, but also apparently of restoring the debilitated membrane to a more healthy tone, and of rendering patients less liable to catarrhal attacks at every change of the weather or season.

*Inhalation.*

Dr. John Forsyth Meigs.

℞ Acidi carbolici fluidi, ♏x.—xv.
Aquæ, Oss.

To be placed in an ordinary inhaling bottle, and used three or four times a day, in bronchial

* Entered according to Act of Congress, in the year 1869, by Geo. H. Napheys, M. D, in the Clerk's office of the District Court for the Eastern District of Pennsylvania.

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catarrh, offensive secretions from bronchial tubes, etc.

Prof. J. Lewis Smith.

| | | |
|---|---|---|
| ℞. | Spts. ætheris nitrosi, | f.ʒj. |
| | Syrupi ipecacuanhæ, | |
| | Olei ricini, | āā f ʒij. |
| | Syrupi tolutani, | f.ʒvij. M. |

One teaspoonful, in primary bronchitis, for an infant one year old, every two or four hours. Another eligible formula is the following:

| | | |
|---|---|---|
| ℞. | Syrupi ipecacuanhæ, | f.ʒij. |
| | Potassæ acetatis, | gr. xvj—ʒss. |
| | Aquæ anisi, | f.ʒxiv. M. |

Dose—one teaspoonful for an infant of six months. If there is decided febrile action, tincture of digitalis, one or two drops, according to the age, may be added to each teaspoonful.

In the majority of cases of infantile bronchitis this mode of treatment is preferred by Dr. Smith for the first few days, after which, if further medication is required, more sustaining or even stimulating medicines are proper.

For children over the age of three years, if the previous health has been good, and the bronchitis is primary, aconite or veratrum viride is often useful in the first stage of the inflammation. The following is a recipe for a child of five years.

| | | |
|---|---|---|
| ℞. | Tr. veratri viridi, | gtt. xij. |
| | Syrupi scillæ comp., | f ʒij. |
| | Syrupi tolutani. | f.ʒxiv. M. |

One teaspoonful every two or four hours; the medicine to be omitted or given at a longer intervals if the frequency of the pulse is reduced. The effect of cardiac sedatives should be carefully watched. In general they should be administered only during the first three to five days. But if the child is robust, with full and strong pulse, they may be continued longer.

As the active inflammation begins to abate, simple expectorant mixtures may be given, as syrup of squills or ipecacuanha, in spiritus mindereri. At this stage of bronchitis in children, it is often best to commence the use of stimulating expectorants, and they are required in nearly all cases of advanced bronchitis. A favorite prescription with Dr. Smith is the following.

| | | |
|---|---|---|
| ℞. | Ammoniæ carbonatis, | gr. xvj—xxiv, |
| | Tincturæ sanguinariæ, | gtt. xxiv. |
| | Syrupi senegæ, | f.ʒij. |
| | Extracti glycyrrhizæ, | ʒss. |
| | Aquæ, | f.ʒxiv. M. |

Dose—one teaspoonful every three or four hours to a child of two years. If there is much restlesness, Dover's powder, paregoric, or syrup of poppies should be given with this mixture, or separately.

## AMERICAN MEDICAL ASSOCIATION.

The Twentieth Annual Session will be held in New Orleans, La., May 4, 1869, at 11 A.M.

The Great Southern Mail Route will carry delegates to New Orleans and return, by excursion Tickets, from New York, for $70. Tickets must be bought in New York, at 229 Broadway. Time, 84 hours.

Excursion tickets from Philadelphia by the same route, via the Philadelphia, Wilmington and Baltimore Railroad, to New Orleans, will be sold *only* by the *Permanent Secretary*, for $66. Time, 80 hours. Those desiring to go by this route must notify the Permanent Secretary immediately. Permission is given to stop at any point, and resume at pleasure.

The East Tennessee and Georgia, and East Tennessee and Virginia Railroads, will issue excursion tickets at half fare over their roads.

The Mobile and Ohio, the Louisville and Nashville, and Memphis and Louisville, the Selma, Rome and Dalton, the Lexington and Louisville, the South Carolina and North Eastern, the Milwaukee and St. Paul, the Montgomery and West Point, the Mobile and Montgomery, the Virginia and Tennessee, the Richmond, Fredericksburg and Potomac, the Richmond and Petersburg, the Petersburg, and the South Western and Macon and Western Railroads, will return free on certificate of Permanent Secretary.

The Steamship line from Philadelphia will carry via Havana, for $50 either way, meals included.

The Mobile and New Orleans steamers will issue excursion tickets for half fare.

The Memphis and St. Louis Packet Company will carry to Memphis or Vicksburg, by boat and balance by rail, for $20 either way, meals included; or $17, and meals extra.

Dr. Hibberd's Circular tells all else *so far*.

### Irresitible Inclination to Sleep.

A curious disease prevails on the West Coast of Africa, especially on the Gaboon, which consists in an irresistible inclination to sleep. No pain seems to be experienced; but the patient stumbles readily, his step is tottering, sense of feeling seems to be wanting, and objects used as a support are grasped very unsteadily. The consciousness does not seem to be diminished, and the breathing and digestion are normal. When the patient is awakened he returns again into a deep sleep in a very short time. The disease does not yield to any remedies, and generally ends in death. Its precise character has not yet been ascertained with certainty.

### Medical Commencements.

*Jefferson Medical College, Philadelphia.*—Commencement exercises at Musical Fund Hall, Friday, March 12th. Graduates, 126. Valedictory by Prof. Samuel H. Dickson, on the Progress of Medical Science.

Of the graduates, there were from Alabama, 2; Arkansas, 1; California, 2; Canada, 1; Connecticut, 1; Costa Rica, 1; Delaware, 1; France, 1; Georgia, 5; Illinois, 1; Indiana, 3; Kentucky, 4; Maryland, 2; Massachusetts, 1; Mississippi, 1; Missouri, 4; New Jersey, 7; New York, 3; North Carolina, 1; Nova Scotia, 2; Ohio, 4; Pennsylvania, 62; South Carolina, 1; Tennessee, 4; Texas, 4; Virginia, 5; West Virginia, 2.

*University of Pennsylvania.*—Commencement exercises at the Academy of Music, Philadelphia, Saturday, March 13th. Graduates, 130, including two diplomas given at the June commencement, 1868.

Of the graduates, there were from Brazil, 1; California, 2; Connecticut, 3; Delaware, 4; District of Columbia, 2; Florida, 1; Georgia, 1; Illinois, 1; Kentucky, 3; Louisiana, 1; Maryland, 5; Massachusetts, 3; Minnesota, 1; Mississippi, 2; New Jersey, 16; New York, 2; North Carolina, 6; Nova Scotia, 1; Ohio, 2; Pennsylvania, 58; Porto Rico, 2; Tennessee, 7; Texas, 1; Virginia, 4; West Virginia, 1. Total, 130.

Valedictory address by Prof. Alfred Stillé.

*Buffalo Medical College.*—Commencement, Feb. 24th. Graduates, 34. Address to Graduating class by Prof. T. R. Rochester. Valedictory by Robert A. Patchin, of the class.

*Rush Medical College, Chicago.*—Commencement exercises ——. Graduates, 108; *ad eundem*, 4; honorary, 1. Address to the Graduates by Prof. J. V. Z. Blaney. Valedictory by Prof. J. P. Ross.

*Washington University, Baltimore, Md.*—Commencement, Feb. 22d. Graduates, 80. Valedictory by Prof. Charles W. Chancellor.

*Kentucky School of Medicine.*—The Annual Commencement of the Kentucky School of Medicine took place in the lecture-room of the school, in Weisiger Block Feb. 23. The exercises were opened with prayer by the Rev. Mr. Hobson, when the Dean read the annual report, showing the school to be in a better and more prosperous condition than ever before in its history. W. R. Thompson, Esq., one of the Regents, then in a brief speech conferred the diplomas on the following members of the graduating class:

GRADUATES.

*Alabama*—W. E. Spaulding.

*Mississippi.*—Lewis J. Frazee, James W. George, H. W. Johnston, Henry K. Leake, W. C. Miller.

*Indiana*—Elijah Dixon.

*Ohio*—John W. Thatcher.

*Tennesseee*—Jno. L. C. Johnson.

*Texas*—Francis T. Jaeger.

*Kentucky*—George E. Barth, Christopher C. Bates, Verga Berry, David M. Board, Wm. Caspari, John W. Clark, John Drye, Thos. J. Hargan, Nicholas P. Kendrick, H. C. Kennerly, Theo. B. Lant, E. F. McCammon, John M. McCarty, James M. O'Bryan, Newton Sageser, W. W. Scott, John T. Shirley, Wm. T. Shumate, P B. Turpin, Thos. J. Turpin, H. C. Urban.

THE AD EUNDEM DEGREE.

The *ad eundem* degree was conferred on the following-named gentlemen, graduates of the Medical Department of the University of Louisville:

John C. Cook, M. D.; Joseph Gardner, M. D.; W. W. Urban, M. D.; D. B. Wilcox, M. D.; A. J. Smith, M. D.

THE MEDALS.

The faculty, in the last annual announcement, promised a gold medal to the member making the greatest advancement in the various branches of medical science, and also a silver medal to the member writing the best thesis. Both these medals were awarded to Mr. Henry K. Leake, of Mississippi. The theses were submitted without the authors names to a committee of medical men, and the decision was consequently unknown until the sealed envelope containing it was opened before the audience. It was in favor of "No. 2," and when, after referring to the list, the Dean announced the name, there was an outburst of applause.

The valedictory address was then delivered by Professor Owen.

Dr. P. B. Turpin, the valedictorian elected by the class, then delivered the farewell address in a graceful and eloquent manner, when the exercises were closed by prayer by the Rev. Mr. Hobson.

*The University of Louisville.*—The commencement took place March 2.

The class of the present session numbered two hundred and twenty-three, of which number seventy graduated.

The honorary degree of "M. D." was conferred upon James L. Richardson, of Bethel, Kentucky.

The Ad Eundem degree was conferred upon

Drs. Richard O. Cowling, of Kentucky, and Augustus DeFoe, of Illinois.

Upon the part of the graduating class, Dr. Wm. C. Maull delivered a very eloquent, touching and able address.

The address on behalf of the faculty, by Dr. Lunsford P. Yandell, Jr., followed.

The occasion was enlived with excellent music and a large attendance of citizens.

### Cincinnati Academy of Medicine.

The Cincinnati Academy of Medicine held its annual meeting, March 1st, for the election of officers, Dr. John Davis, President, in the chair. After the presentation and adoption of reports from the Secretary and Treasurer, the Society proceeded to the election of officers for the ensuing year, with the following result:

Dr. W. W. Dawson, President; Dr. Wm. B. Davis, 1st Vice-President; Dr. C. S. Muscroft, 2d Vice-President; Dr. J. L. Neilson, Recording Secretary; Dr. J. S. Unzicker, Treasurer; Dr. E. B. Stevens, Corresponding Secretary; Dr. Hiram Smith, Treasurer.

On motion of Dr. McIlvain, a resolution for the incorporation or the Academy was then adopted, and the following gentlemen elected Trustees: Drs. J. J. Quinn, McIlvain, and J. A. Walker.

After the transaction of some further business of minor importance, the meeting adjourned.

### Crawford County, Pa., Medical Society.

At a regular meeting of the Crawford County Medical Society, held at the house of Dr. Ray, in Meadville, on Tuesday evening, the 2d inst., a committee was appointed to draft resolutions expressive of the feelings of the Society in regard to the death of Dr. Jennings, of Titusville.

The report of the committee was unanimously adopted, and the resolutions ordered to be published, and a copy sent to the bereaved family.

### Color of Oil of Cajeput.

Dr. H. Warner writes to the *Pharm. Zeitsch. für Russland* that he examined eight samples of this oil for the purpose of ascertaining whether the color was due to copper or not, and detected the presence of that metal more or less distinctly in each of them. Still another sample, warranted as quite pure, and of a fine green color, contained no trace of copper, and differed from others, which showed at 13° C., densities from .921 to .930; one by a sp. gr. = .937, and by congealing at 24.5 C., against several of the other samples at 28° C.

### Coralline.

We have already referred our readers to the danger of using stockings dyed with coralline, as this produces a form of disease now familiarly known as sock and shirt poisoning. It is obtained by treating carbolic acid with oxalic and sulphuric acid, and afterwards with ammonia, the color produced being probably the rosolate of ammonia. The injury produced is entirely external, consisting of a pustular eruption of the skin; but it is sufficiently inconvenient to render the use of articles thus dyed objectionable.

### Athletic Amusements.

The hardening, vulgarizing effects of athletic amusements, pursued beyond the point necessary to preserve health, it is contended, are visible in the rising generation of Englishmen. A disagreeable coarseness of thought and action, it is stated, is impressed upon the young men of the schools and universities, and accompanies them through life.

### Dr. Carl Vogt.

Dr. Carl Vogt, the celebrated lecturer on Natural Science, has been invited to come to the United States and deliver a course of six lectures in each of seven of the principal cities of this country. The expenses, which must be guaranteed, will amount to $20,000, and it is proposed to collect this sum from the Germans who are interested in the lecturer. Dr. Vogt, it is reported, is a highly popular lecturer, and a well-informed man of science; but his chief repute has been obtained not by original researches so much as by the trenchant and fierce boldness with which he utters his opinions. His famous saying, "The brain secretes thought as the liver does bile," has done more to make him notorious than even his fine work on mineralogy.

### Vaccine Agent.

Dr. J. C. Rupp has been appointed State Vaccine Agent for West Virginia by Governor Stevenson, and took the prescribed oaths. Dr. Rupp, we believe, has filled this position since the formation of the State, and has given universal satisfaction.

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

### The Discovery of Hypodermic Injections.

We cheerfully give place to the following, from the *Med. Bulletin*, by its editor, Dr. E. Warren.

In an article upon the subject of the hypodermic injection of morphia, published in the Medical and Surgical Reporter, it is stated that Dr. Wood, of Edinburgh, first *published* his discovery of this mode of medication, in 1855.

While a student in Philadelphia in the winter of 1850–1, the idea of introducing morphia subcutaneously occurred to us; and a *thesis* was written on the subject, recommending it to the favorable consideration of the Faculty of the Jefferson College. After consultation with a distinguished Professor of that institution, this *thesis* was not presented, because of the novelty, and the supposed impractibility of the plan of treatment suggested in it. This fact was known at that time to a number of persons—Dr. Geo. F. Wilkins, now of Northampton county, Va., who was then a room-mate, being specially cognizant of all the circumstances connected with it.

In the year 1857, we first resorted to this mode of administering morphia in our practice—making an incision through the skin with a lancet, and introducing the remedy by means of a syringe prepared for the lachrymal duct. If hypodermic medication had been previously attempted in this country, we should be pleased to learn the fact.

These statements are made beenuse of an honest pride in the original conception of an idea which has afforded so much relief to suffering humanity, and not from a desire to detract from the reputation of the distinguished physician whose name is so justly associated with it.

### Interesting Experiments.

Dr. Tyndall has made some very surprising experiments by passing vapors of different chemical substances into an exhausted glass tube, and then sending through them a beam of electric light. The vapor is at first invisible, but after the light has shone through it for a few seconds, it forms clouds of a blue, green, red, or mauve color, which break up into the most fantastic and beautiful forms, endowed with a rotary motion, which adds greatly to their effect on the eye. In some instances the cloud takes the shape of funnels overlapping each other, and curiously enough, the inner ones can be seen through the outer ones. The most surprising of all is the vapor of hydriodic acid. The cloud is seen cone-shaped, supporting vases of exquisite form, and over the edges of these vases fall faint clouds, resembling spectral sheets of liquid. Afterward a change takes place—roses, tulips, and sunflowers appear; then come a series of beautifully-shaped bottles, one within the other, and on one occasion there was seen the shape of a fish, with eyes, gills, and feelers. What, it may be asked, is the use of all this fantastic beauty? The answer is, that Dr. Tyndall finds therein illustration of chemical decomposition, examples of molecular physics, and explanations of the formation of clouds and the blue color of the sky, whereof we shall hear more by-and-by, and by which science will be enriched.

### Test for the Strength of Alcohol.

Alcohol dissolves chloroform, so that when a mixture of alcohol and water is shaken up with chloroform, the alcohol and chloroform unite, leaving the water separate. On this fact, Basile Rakowitsch, of the Imperial Russian Navy, has founded his invention. The instrument he uses is a graduated glass tube, into which a measured quantity of chloroform is poured, and to this is added a given quantity of the liquid to be tested; these are well mixed together and left to subside. The chloroform takes up the alcohol and leaves the water, which being lighter than the chloroform, will float on the top; and the quantity of water that has been mixed with the spirit will be at once seen.

### Hydrogenium.

It has been known for some time to chemists, that when heated palladium is inserted into an atmosphere of hydrogen, from eight to nine hundred times its bulk of the gas is absorbed, or stowed away in the pores of the metal. This phenomenon was formerly called acclusion, and was supposed to show merely a strong absorptive tendency of the metal for the gas. The recent discoveries of Professor Graham, of London, show, however, that in all probability the union is to be regarded as a true alloy of one substance with the other, and that the hydrogen is what it has already been suspected to be, a metal in its chemical relations. The density of the palladium when combined with the hydrogen is reduced very considerably, and the density of the hydrogen, which, as a metal, has now been called hydrogenium, is nearly two. Its tenacity and electrical conductibility are less than those of palladium; but its conducting power, equal nearly to six, is nevertheless considerable, which is thus an additional proof of its metallic nature. The hydrogenium is more magnetic than palladium, and belongs, according to Professor Graham to the same group of metallic substances

as iron, zinc, cobalt, cromium and manganese. It is futhermore suggested that oxygen equally with hydrogen is only the volatized condition of a metal, and that water is a true alloy of the two metals in a definite proportion. It may therefore yet be possible to see water reduced to a solid state otherwise than by becoming frozen.

# Correspondence.

## DOMESTIC.

### Poisoning by Opium.

Editors Med. and Surg. Reporter:

As the case of belladonna versus opium, is now on trial before the medical tribunal, I will relate a case lately occurring in my practice—a very *ordinary* case, but making *one more*. On the evening of 7th inst., I was hastily summoned to see Miss M., who had "swallowed laudanum." On my arrival found the patient strongly under the influence of the drug—pupils little larger than a pin head—and continued efforts of the attendants necessary to keep her awake. An ounce vial was found on the stand containing about ʒj. of tr. opii.; a neighbor lad who was present said he had procured the vial full of the medicine at a drug store the afternoon previous. After taking the drug she had become frightened, and told her mother of what had been done; viz., that she had taken all of the contents of the vial, so far as it had been emptied. It was evident that *most* of the poison had already left the stomach—the greater part of the ʒvij. tinct. opii. had passed into the circulation, and was acting upon the nervous system.

I at once gave her an efficient emetic of tartarized antimony, forcing her to swallow large quantities of warm water. The ejected matter had but a slight odor of opium. So far as the contents of the stomach were concerned, my remedy had done its duty faithfully—beyond this it could not reach, and I very much feared that "paddling" and forced exercise would soon fail. What to do next? The *life* I had to deal with was of *no value to any one*, but I *did not like to be baffled*.

The antagonism of opium and belladonna I had always doubted; it seeming to me that one narcotic *must increase* the effect of another; but even if they *did* mutually assist each other in their deadly work, there was nothing to *lose* in the case on hand. Reasoning thus, I proceeded to inject hypodermically one-quarter grain of atropia, and after all vomiting had ceased, forced her to swallow repeated doses of Tilden's fluid ext. belladonna, of which she took ʒij. within the *three hours following* my arrival. The pupils now began to dilate and I left, ordering that she should not be allowed to go to sleep for some hours. Next day the pupils were only *moderately* dilated. Some nausea, with great unsteadiness in the walk. Three days after I saw her pass my office.

I am no longer an unbeliever in the antagonism of opium and belladonna.

G. A. Jones, M. D.

*New Berlin, N. Y., March* 17, 1869.

### Answer to Dr. J. G. F.

Editors Medical and Surgical Reporter:

In your journal of November 17th, 1868, in your "Answers to Correspondents," I notice an inquiry from Dr. J. G. F., of Texas, in regard to the treatment of an obstinate case of asthma. In such cases I have derived much benefit from the following treatment: Take strips of letter paper and dip them in a saturated solution of nit. potassa; dry them, and during the paroxysm let the patient ignite one at a time, and inhale the fumes. In the majority of cases this will cause the paroxysm to cease. In the interval—or for the purpose of effecting a cure—I would use nitric acid two or three times daily, for the space of several months. This *treatment*—simple as it is—has succeeded several times in my hands.

D. C. McCampbell, M. D.

*Holly Springs, Miss., February* 28, 1869.

### The Binder for Parturient Women.

Editors Med. and Surg. Reporter:

I perceive, through the medium of the Reporter, that much discussion is going on as to the utility of the bandage being applied to women after confinement.

I leave to others the discussion and determining of the question as to whether it ever saves life; merely remarking, in passing, that firm pressure, with a grasping and kneading motion, is a very well recognized and efficient means of producing uterine contraction after the expulsion of the placenta; and will confine myself to two points, viz., the comfort afforded by the bandage, and the symmetry of persons secured by its employment, or rather the want of symmetry which results from its non-employment.

But perhaps it would be well to inquire of the shape of the bandage before proceeding further. A straight towel passed around the body ought not to be called a bandage; yet I have seen many such rude things used, and heard women tell of

the comfort its use afforded. Also I have heard a few (and but a few) complain that it felt like a rope around them.

A bandage should be made on a plan similar to corsets, with gussets at the lower border, of sufficient size to allow it to expand over the cresti ilii and give support to the bowels, for this is the intention and indication of the binder. And I have heard very many women express the sense of comfort which a bandage, so made, afforded; while some women, who have in some confinements tried the experiment of dispensing with it, express themselces as most decidedly in favor of its use.

Let the doctors instruct pregnant women how to shape the binder, and let them try the experiment on the same woman, with and without it, and let the woman bear testimony as to the comfort or discomfort resulting from its use, before it is pronounced useless; for I suppose it will be conceded that a woman has a right to know what conduces to her comfort. Not the straight towel, gentlemen, but a bandage made on common-sense principles, to fit the body, and give support to the abdomen.

But laying aside any question of comfort, I would advocate the use of the binder on the principle of esthetics, provided that its use is not positively injurious to the health; and I think it may be laid down as a fixed fact, that it was not injurious in our grandmother's days, whether or not the ladies of the present day have become so delicate that they cannot bear it.

In the number of the Reporter of Jan. 2d, current volume, is a report of the discussion of this subject by the members of the Harford Co. Medical Society, in which allusion is made to squaws.

Now I have seen considerable of squaws during my prolonged stay in the extreme Northwest, and I would wish to be understood as speaking "ex cathedra." Very true, gentlemen, the squaws do not generally use the bandage, but it does not follow that no inconvenience results from its non-employment, for we have no statistics bearing on this point; but one certain thing does result from its want, which is a swaying, pendulous belly, and a swaying, awkward gait in walking.

So marked is this, that my attention has often been drawn to the awkward walk of the squaw by non-professional men, who have asked me the reason for it. That it is due to the want of proper bandaging after delivery, is, I think, proved by these facts: the Indian girls do not have the awkward gait, but those who have borne children do, and if they have borne many children, they have it in a marked degree; and again, some of these squaws, who live with white men, and are sufficiently tidy to render it supposable that they use the bandage, never acquire that gait and the swaying, pendulous belly. At least one squaw, whom I know to have always used the bandage, has borne five children without acquiring the characteristic belly and walk. I state the matter thus curtly, leaving it to others to apply the deductions in their practice, or not, as they see fit. But it seems to me that if symmetry of form can in great measure be secured by so simple means as the use of the bandage, it is a matter well worth attending to.

G. P. Bissell, M. D.

*McMinnville, Oregon, Feb.*, 1869.

# News and Miscellany.

### Report of St. Mary's Hospital.

From the first annual report of St. Mary's Hospital, of this city, we find that during the period commencing July 1, 1867, and ending December 31, 1868, that 461 persons have been treated:—Discharged, cured, 259; do, improved, 46; do, unimproved, 32; died, 61. Eighteen causes of death are shown, viz:—Alcoholism, 1; ascites, 3; cancer of liver, 3; heart disease, 1; peritonitis, 2; phthisis, 32; amputation, 1; cancer of uterus, 3; pneumonia, 2; paralysis, 2; typhus fever, 1; typhoid fever, 5; albuminuria, 1; diphtheria, 1; meningitis, 1; pleuritis, 1; rheumatism, 1; gun-shot wound, 1. The nativities of the patients were as follows:—Germany, 238; Ireland, 138; United States, 61; France, 5; Switzerland, 10; Canada, 2; England, 7. Of the above there were 244 males, and 217 females; and 156 of these were married, and 305 were single. There were 103 pay patients, 89 patients who partly paid, 95 society patients, and 174 charity patients.

### Jungle Fever.

A new disease of Asiatic origin has turned up at the New York Quarantine. The ship Bosworth, which arrived from Samarang, Java, reports having been obliged, on January 9th, to put into Table Bay for medical assistance, six of her crew having died of jungle fever, and of the remainder only one or two were fit for duty.

The Health Commissioners do not know much about this jungle fever, but believe it to be of the typhoid remittent type. The ship's officers represent it to be very malignant and rapid in its progress, but it is not believed to be infectious,

save under certain ciocumstances. All on board are now healthy.

### Statistics of the Social Evil.

Superintendent KENNEDY, of the N. Y. Metropolitan Police District, has submitted the following report:

"NEW YORK, March 13, 1869.

"*Commissioners of the Metropolitan Police:*

"GENTLEMEN: The General Order (No. 557) directing a complete census to be made of all houses of prostitution within the district was issued on Jan. 11, 1869; but the reports had not reached me on the day of my departure with President ACTON, Feb. 24, they having been completed in my absence. I herewith submit tabular statements of the result, by which it will be seen that on Jan. 26 there were in the cities of New York and Brooklyn, of houses of prostitution, 496; of houses of assignation, 107; of saloons where waiter girls attend, 33; of public prostitutes, 2,107, and of waiter girls, 255; showing a reduction since Jan. 24, 1868, of 29 in the number of houses of prostitution, but an increase in the houses of assignation of 8; of public prostitutes, 35, and of waiter girls attending saloons, 10, while the number of saloons employing waiter girls remains unchanged. It is proper to say that some of these saloons hold license from the Board of Excise. The aggregate number of places in the two cities is 627, and of females connected with them, 2,360. Very respectfully submitted.

JOHN A. KENNEDY, Superintendent."

—— A Committee appointed by the Medical Department of the army to examine Professor GAMGEE's meat-preserving process, is said to have made a highly favorable report. The meat preserved by this process is said to retain all the excellence and appearance of fresh meat.

—— Dr. JAMES H. BUTLER, who, for the last nine years, has filled the position of Demonstrator of Anatomy in the University of Maryland, has resigned.

## Army and Navy News.

List of changes, etc., in the Medical Corps of the Navy from March 7th to 20th, 1869, inclusive.

Fleet Surgeon A. A. Henderson, transferred from the "Powhatan" to the "Pensacola" as Fleet Surgeon of the Pacific Station.

Fleet Surgeon J. W. Taylor, transferred from the "Pensacola" to the "Powhatan."

Surgeon J. S. Dungan, transferred from the "Cyane" to the "Ossipee."

Surgeon B. F. Gibbs, detached from the "Ossipee" and ordered home.

Surgeon G. S. Beardsley, transferred from the "Independence" to the Receiving ship "Mohongo."

Surgeon N. H. Adams, detached from the "Mohongo" and ordered home.

Passed-Assistant Surgeon G. R. Brush, transferred from the "Cyane" to the "Nyack."

Passed-Assistant Surgeon G. F. Winslow, detached from the "Nyack" and ordered home.

Assistant-Surgeon J. A. Hawke, transferred from the "Powhatan" to the "Pensacola."

Assistant-Surgeon R. A. Whedon, transferred from the "Saginaw" to the "Powhatan."

Surgeon Joseph Beale, ordered to duty as member of Naval Medical Board, Philadelphia.

Assistant-surgeon S. W. Latta, detached from the Receiving ship at Boston, and ordered to the U. S. S. Gettysburg.

Drs. Franklin K. Hartzell, and William G. Fanwell, Commissioned Assistant-Surgeons.

*[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

### MARRIED.

UNCKEL—KIRCKPATRICK.—On the 11th inst., by the Rev. S. A. Mutchmore, Mr. Henry Unckel and Miss Mary S. Kirckpatrick, daughter of the late H. A. Kirckpatrick, M. D., of Stanton, N. J.

### DIED.

CARLETON.—At West Auburn, Maine, Dr. Geo. W. Carleton, of heart disease, aged 69.

GODDARD.—At the estate of Mr. Carl Morrell, near Remedios, Island of Cuba, on the 7th inst., Harvey B. Goddard, in his 31st year, son of the late Paul B. Goddard, M. D., of this city.

HOTCHKISS.—In Shreveport, La., on the 25th of February last, after a protracted illness, Mrs. Nancy Hampton Hotchkiss, aged 44 years, wife of Dr. T. P. Hotchkiss, formerly of Cincinnati.

MAXWELL.—On Wednesday, March 17th, Ann Eliza Browne, wife of Wm. H. Maxwell, M. D., of New York.

SENER.—In this city, on the 18th inst., Sarah L., wife of William Z. Sener, of Ephrata, and daughter of Dr. Washington L. Atlee, of Philadelphia.

### OBITUARY.

#### Kersey G. Thomas, M. D.,

Of Alliance, Ohio, died suddenly, of apoplexy, at his residence, on the morning of the 11th inst.

Dr. THOMAS was a man of great activity in every undertaking which commanded his attention. In his profession he was untiring in his personal service, and attached to himself strongly those by whom he was trusted. He was specially devoted to anatomy, which he had sedulously studied and demonstrated through all his professional career, which commenced in 1840. During two years he filled the chair of Surgery in the Female Medical College of Philadelphia. After the war commenced, he was commissioned Surgeon of the 104th Ohio Vols.,

and was greatly beloved by his regiment, but was compelled to resign by reason of utter prostration by paralysis in the service. On his recovery, he again entered actively upon his professional labor, assuming, beside a large general practice, the appointment of Surgeon over a considerable extent of the P. Ft. W. & C. and C. & P. Railroads, which position he officiated in up to the time of his death. His reputation for philanthropy is co extensive with his career. He was jealous of his professional standing, and guarded the avenues to the fold of membership in the regular brotherhood with careful solicitude. He went down at noon-day, after a morning's round of professional visits in the storm, at 51 years of age; the autopsy showing slight softening of the cerebellum, and the presence of about two ounces of extravasated blood in the base of the cranium.

"Requiescat in pace." W.

*Canton, O., March* 17, 1869.

## WORDS OF CHEER.

*Dr. S. Y., of Maine*, says:

"I have taken the Reporter a number of years, and it comes to me as a friend and medical adviser. All the numbers have come to hand, and I think so much of it that I have had eleven volumes bound, and find them very convenient for reference, for there is not a case in my practice in which I cannot refer to these volumes for suggestions," etc.

The London *Medical Times and Gazette* says of the Compendium:

"This compilation is meritorious. It does tolerably ample justice to all, and it aims at being practical. It will be especially useful to those who desire to make themselves acquainted with the progress of our cousins in medical matters. On the whole, it illustrates the saying that American practice is as good as their theory is bad,"—[whatever that may mean.—Eds. Med. & Surg. Rep.]

*Dr. E. P. B., of Missouri*, writes of the Pocket Record:

"I think it the most complete little book for physicians' use ever printed, and I would not be without it for twice its cost."

*Dr. S. A. F., of Wisconsin.* says:

"Book me hereafter as a perpetual subscriber to your Reporter, Compendium, and Pocket Record, and send me bill accordingly. When my practice becomes too poor to afford me such publications as yours are, then I will turn my attention to other and more lucrative employments. He must be a "poor stick" in the profession who is too poor to supply himself with good medical journals." Dr. F. thinks such a person's patients need praying for!

*Dr, J. P. W., of Indiana*, says:

"Your Visiting List (Pocket Record) is all that could be desired. It suits me to a T."

*Dr. W. F. B., of Kentucky*, says:

"I am very well pleased with your Pocket Record. It is just the thing I needed. Have used several kinds in the last ten years, but prefer it greatly to anything of the kind I have seen."

*Dr. E. P. B., of Missouri*, says of the Pocket Record:

"I think it the most complete little book for physicians' use ever printed, and I would not be without it for twice the cost. I have used it for over a year, and recommend it to all my friends."

## QUERIES AND REPLIES.

*Messrs. Eds.*—I would modestly offer a suggestion only, in the case given by "Dr. F. R. G., of N. C." It evidently is a case of neuralgia of the testicle and cord.

A Subscriber.

### Peroxide of Hydrogen.

*Messrs. Eds.*—Dr. "A. D. B., of Texas," who inquires for "essence of peroxide of hydrogen" for diabetes, will probably find it impossible to find the article, *in a reliable form*, in this country. I have taken some pains to look it up, but have failed. Messrs. Robbins & Co. and Barth, of London, manufacture the peroxide of hydrogen, which may be used by simple dilution with water; but better results can be secured by the use of pure oxygen in the form of gas.

See my article in *Chicago Med. Journal*, Feb. 15th and March 1st, 1869. S. S. Wallihan, M. D.

*Dr. N. S. H., of Ark.*—"How many new subscribers must I send you to get Flint's last edition of Practice?"

For six new subscribers we will send it you.

*Dr. M. A. W., of Pa.*—"I wish to remove by *caustic* a warty excrescence of a suspicious character, about an inch in diameter. You will oblige me much by informing me of the most eligible application for the purpose stated, and the manner of using it."

Vienna paste, though painful, is a very effective application. Perhaps our readers will offer a better suggestion.

*Dr. J. N. T., of N. Y.*—"In No. 617, series for 1868, I requested some advice in regard to a case there described. I write to say that the patient has recovered from her troubles by the use of five grains of iodide of potassium thrice daily.

*Dr. A. E. B.*—"Can you tell me what is the best mode of keeping accounts for a physician? To charge in the old style—day-book and ledger—is a great deal of trouble. To charge in the ledger only is also a great trouble. Is there any other mode that you know of? If so, please inform me. Give, if you will, the cost of book or books?"

You should try the Physician's Daily Register, by Goff. Price $12.00. It will save you all trouble, and last you five years.

*Dr. J. V. B., of Dak.*—"Please answer the following questions regarding Wyneken's work, which is noticed in the Reporter of Jan. 9th, (Vol. XX., No. 2,) among your usual 'Answers to Correspondents.'

"Is the work American or foreign, and what is its price?

"2. Where does this author receive laryphonic patients for treatment? If not in this country, is there a place in this country where you can recommend persons thus afflicted to be sent?"

Wyneken's work is in German. Price about $2.00 or $2.50. There is no place with which we are acquainted in this country for the treatment of stuttering patients.

*Dr. P. G. M., of Ind.*—"Please answer in your valuable journal the following, as far as diagnosis and treatment are concerned.

"*Case.*—Lady, aged 35; married; two children; nervous temperament; has had enlargement of the liver for six years. One year ago I was called to treat her. She suffered by times severe pain in the region of the liver, which she described as travelling, 'to use her language,' from the liver to the umbilicus. Also she suffered by times with faint and weak spells, and the pain of rather a cramping nature. Her general appearance is as one in health, with the exception of that peculiar expression that is caused by leucorrhœa, with which she is troubled after the menses cease.

"After rather a tedious course of alteratives and tonics, her liver was reduced to its normal size. Meantime she became pregnant, and was delivered of a healthy child. But still the pain, cramping, and weak spells persist, and as I have nearly exhausted all therapeutic remedies, I feel a little 'out of sorts.' Will you please give your opinion as regards diagnosis and treatment."

## METEOROLOGY.

| March, | 8, | 9, | 10, | 11, | 12, | 13, | 14. |
|---|---|---|---|---|---|---|---|
| Wind | W. | N. W. | S. E. | N. W. | W. | N. W. | S. W. |
| Weather | Cl'dy. | Clear. | Cl'dy. Rain. t. & l. | Clear. | Cl'dy. | Clear | Clear. |
| Depth Rain | | | 1 4-10 | | | | |
| *Thermometer.* | | | | | | | |
| Minimum | 20° | 25° | 34° | 28° | 25° | 24° | 30° |
| At 8, A. M. | 30 | 40 | 43 | 34 | 32 | 41 | 46 |
| At 12, M. | 40 | 46 | 52 | 42 | 39 | 54 | 59 |
| At 3, P. M. | 41 | 47 | 53 | 44 | 41 | 55 | 60 |
| Mean | 32.75 | 39.50 | 45.50 | 37. | 34.25 | 43.25 | 48.75 |
| *Barometer.* | | | | | | | |
| At 12, M. | 30.6 | 30.5 | 30.1 | 30.3 | 30.2 | 30.1 | 30.1 |

*Germantown, Pa.* B. J. Leedom.

THE

# MEDICAL AND SURGICAL REPORTER.

No. 631.] PHILADELPHIA, APRIL 3, 1869. [Vol. XX.—No. 14.

## Original Department.

## Communications.

### A CASE OF OVARIOTOMY.

By Henry M. Lilly, M.D.,

Fond du Lac, Wisconsin.

The case about to be reported was not successful. But in this comparatively recent field of operative surgery, perhaps the lesson of a failure is not far behind that of a success in the matter of importance. The rocks on which we split are of some importance to navigators behind us; and it is not well, therefore to "die and make no sign."

Mrs. G., aged about 27, reports that seven years ago, while still living in her native land and unmarried, she discovered a hard, painless, and immovable tumor in the right iliac region, about the size of her fist. She went to Kiel, and consulted a surgeon, who told her that nothing could be done for her at present.

Soon after, she married and emigrated to America. She has, however, never been pregnant. Menstruation continued normal, until the latter part of 1868, when it ceased, probably on account of her rapidly failing health. The tumor has steadily increased in size from the time she discovered it until the date of my visit, January 27th, 1869. The tumor at this time was surrounded with a large quantity of ascitic fluid, and the two together filled the abdominal cavity to such an extent as to threaten the woman with speedy death. The tumor could be pushed from side to side, in the surrounding fluid. A sound passed three inches into the cavity of the uterus, and when the tumor was tilted, the sound was tilted likewise. But all diagnostic investigations were embarrassed by the extreme tension of the abdominal walls. Pushing the tumor well back and up out of the way, I held it there while the attending physician tapped the abdominal cavity, and drew off the ascitic fluid. The fluid thus drawn off filled a common wooden patent pail once full, and half way full again after emptying. The fluid drawn off coagulated into a solid mass upon heating. I speak of this because some authorities speak of ovarian fluid as being highly albuminous, and ascitic fluid being non-albuminous. In this case the ascitic fluid was albuminous, and the chemical test, therefore, was of no diagnostic value. Neither will it do to say that the ascitic fluid might have contained ovarian fluid commingled with it from the rupture of some ovarian cyst; for the tumor proved to be a solid fibro-cartilaginous tumor of the ovary, and there were therefore no cysts to rupture.

The cavity of the abdomen was now found to be occupied by a solid tumor, reaching from the pubes nearly to the ensiform cartilage. Fearing that the tumor was uterine in its origin, and perceiving how formidable would be the operation, even if it were ovarian, I declined any further operative procedures. The patient's lower extremities were œdematous, and her condition generally was such that I did not consider her a fit subject for such surgery. To my surprise the patient told me that death was certain as she was, and very likely death might occur in the operation of the removal. But she insisted upon her right of a choice of failures; the difference of a few days in her death being a matter of no importance to her. She urged these considerations with so much strenuousness, that I finally consented to make an attempt, at least, to remove the mass. With a heroism that was wonderful, she submitted to the needful preparations for the operation. A table was prepared, and the patient laid upon it and chloroformed. Making an incision from the pubes nearly to the ensiform cartilage, the hand was introduced gently, and the tumor was explored. No adhesions were found, and the tumor was found to be right ovarian in its origin. The tumor was spheroidal in shape. It was now tilted up and brought outside of the abdominal wall; the incision being only barely sufficient to enble us to drag the unyielding mass through. The breadth and thickness of the pedicle were so great, that it was deemed unsafe to ligate it in two sections. A needle was therefore armed with a double liga-

ture, and passed twice through the pedicle, so that it could be ligated in three sections. And right here I made the discovery that this mode of passing the needle and casting off the ligatures properly for ligation in three sections, was a trick not to be performed without a little study. The ligatures being drawn tightly, the tumor was removed. It weighed 17 pounds. The pedicle was too short to be brought out externally and secured there, either with the clamp or with pins. It was therefore "pocketed" in the incision, and secured there with two silver pins. This method was deemed preferable to tossing it back into the abdominal cavity with all its ligatures. The abdominal cavity was now cleared of a few small clots of blood, by lifting them out gently with the finger. A few ounces of serum and ascitic fluid were left in the pelvic cavity, rather than to attempt to clear the cavity by too much manipulation. The abdominal incision was now closed by the interrupted suture,—the needle being carried down to, but not including the peritoneum. The patient probably did not loose over four or five ounces of blood. She bore the operation with but a little appearance of shock. The abdomen was bandaged, and she was replaced in bed. The pulse was about 110, and, excepting a little pain in the back and some smarting in the wound, she was quite comfortable. A full dose of morphine was administered, with a tablespoonful of whisky, and I left her in the hands of her usual medical attendant. This gentleman reports that he repeated the dose of morphine once during the night; and during the fifteen days she lived after the operation, he had no more occasion to administer an anodyne to relieve pain. The wound closed mostly by first intention. All the sutures, except the two silver pins supporting the pedicle, were removed by the fifth or sixth day. The wound was healed, except a very small opening near the umbilicus, and another at the lower angle, where ligatures passed out. At this time she was cheerful, and quite confident of her recovery. But about the tenth day the discharge from the lower angle of the wound began to be offensive, and a slight cough came on. In a day or two more her pulse went up to 135; there was profuse perspiration, some diarrhœa, and purulent expectoration from the lungs. On the 15th day she died of *pyœmia*.

There were three localities from which the mischief which caused this woman's death may have originated; the pedicle, the abdominal incision, and the decomposing fluids in the abdominal cavity. No post-mortem was allowed; but I am inclined to look with especial suspicion upon the fluids in the abdominal cavity. Spencer Wells says that he asks for no better method of securing the pedicle than the clamp.

In the foregoing case the "pocketing" method was adopted only because of the necessity of the case. But the opportunities for keeping the discharges from the pedicle well cleared away were diminished; and, more than all, the discharges were more likely to flow back into the peritoneal cavity than to escape externally.

With reference to the sutures of the abdominal incision, authorities appear to be about equally divided, as to whether the peritoneum should or should not be included in the suture. The same great authority just quoted says that but one answer can be returned to this question—"the peritoneum should *always* be included." Standing in especial awe of peritontis from the length of my incision, I did not include the peritoneum in the suture. Peritonitis did not occur, but pyœmia did, and the woman died. By not including the peritoneum in the suture, the wound was closed more tightly on the cutaneous side than on the peritoneal side. The peritoneal aspect of the wound was more likely to gap open and to fail of union by first intention than the cutaneous aspect. Whatever discharge there was from the abdominal incision, was therefore compelled to flow into the peritoneal cavity. Besides this, the advantage to be derived from the tendency of serous surfaces to take on adhesive inflammation was lost, because the cut edges of the peritoneum were not brought into contact.

Dr. G. Kimball, having to lacerate the inner and median aspect of the abdominal wall in breaking up firm adhesions, turned all the injured peritoneum outside the abdomen by everting the lips of the abdominal wound, and putting his stitches through, far back, where he had sound peritoneum to deal with. This mode of procedure is the more easy, because, after the operation, the patient has more abdominal cavity than she has any use for. The stitches in these cases were placed unusually deep into the peritoneum; yet the patients recovered.—(*Boston Medical and Surgical Journal*, Sept. 17th, 1868.)

Indeed there can be but little doubt but what Dr. Kimball increased his chances of success by thus turning all the surfaces from which discharges would be likely to take place, *outside* of the peritoneal cavity.

The fear of rough manipulation prevented me from clearing the pelvic cavity of sour and ascitic fluids as thoroughly as I think it should have been. "The rough operation of sponging out the cavity," may perhaps be objectionable.

But why could not the abdominal and pelvic cavities be thoroughly cleansed, when necessary, by gently flooding them with warm soft water, until the object was attained? The symptoms of pyæmia arose simultaneously with the escape of offensive discharges from the abdominal cavity. Did not the septicæmia probably arise in consequence of fluids decomposing in that cavity? Perhaps Dr. Peaslee's method of frequently syringing out the peritoneal cavity with chlorinated lotions would have saved the woman. But I confess to more timidity in adopting these repeated washings of the peritoneum, than in adopting the plan of preventing as far as possible the necessity for such continuous ablutions by better methods of operating.

# Hospital Reports.

Jefferson Medical College,
*Philada.*, *Oct.* 24, 1868.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

### Scirrhus of the Mammary Gland.

This woman, aged 69, broke her right ribs seven years ago, and two years afterward, a tumor began to make its appearance on the same breast. This history is interesting, but of little practical value in throwing light upon the cause of the affection. Many people fracture their ribs, and do not have any disease of this kind, or any disease whatever. It is impossible to say, therefore, whether the accident had anything to do with the development of the tumor. It was removed two years after its first appearance, and returned fourteen months ago. It remained away, therefore, about a year and ten months.

The tumor is situated over the upper portion of the right side of the chest. The nipple is perfectly normal. The mammary gland seems to be sound throughout its extent, excepting at one point. The tumor is red; the surface is much warmer than the surrounding surface, showing a preternatural development of heat. The tumor is slightly movable, but it has manifestly deep attachments, which apparently extend down to the costal cartilages and the sternum. The disease is extending down into the mammary gland. The mass is fissured, divided into two nearly equal parts, by a vertical fissure. The lower part of the neck is enlarged, owing to the diseased condition of the lymphatic ganglions in this situation, which are in a state of enlargement, as well as induration. There is likewise involvement of the glands of the axilla.

The patient is tormented with pain, of a shooting, darting character. The pain is most severe at night, preventing her from sleeping. It is not influenced by the weather. She has been taking two grains of extract of conium, night and morning, which has not been of much service. It is sometimes a good substitute for opium, as an anodyne in this affection. She has not much appetite; tongue is slightly coated; has lost a great deal of flesh.

This woman is laboring under scirrhus, originally developed in the mammary region, in front of the chest, evidently not in the mammary gland itself, but now involving that gland secondarily, and also the lymphatic ganglions of the neck and right axilla. It is not encephaloid, for it would then be much softer, and probably also much larger. A tumor of this kind is always hard, and possesses comparatively few blood-vessels; hence, even when ulceration takes place, it does not bleed much. Now and then, a large artery opens, and there is hemorrhage of an exhausting character. The disease goes on, gradually increasing, until at length, it undermines the system to such an extent as to cause death at a time varying from eighteen months to two and a half years.

In this case, the time for operative procedure has passed. If the tumor were in state of ulceration, exhaling horrible fetor, offensive to herself and those around her, contaminating the atmosphere, it might be removed to render her more comfortable. She is now to be treated upon general principles, nutritious food and drinks, exercise in the open air, etc.

### Disease of the Ear.

Mary ——, æt. 22. She has lost the sense of hearing in the left ear. On examining it an abscess is found at the lobe of the ear, closing up the external meatus. The probe comes in contact with diseased bone. The temporal bone is necrosed, and the drum of the ear destroyed. There is a copious discharge. The trouble, it is asserted, had its origin in a cold, following an attack of measles.

The abscess was opened freely, and the bottom of it scraped, so as to put the parts in a better condition for repair. This is a case worthy of the serious consideration of the practitioner, for, if morbid action be allowed to continue, it may extend to the dura mater and arachnoid membranes, and perhaps to the brain itself. The ear ought to be washed out at least three times a

day. If the matter be allowed to accumulate, it will act as an irritant. To remove it, tepid water should be thrown in with a large syringe. Then an injection of tepid water, impregnated with a small quantity of the officinal solution of chloride of zinc, (gtt. x., ad aquæ, Oj.) should be given. With the view of correcting the secretions, and keeping up a slight action upon the bowels, she was ordered to take,

℞. Pil. hydrargyri, gr. iij.
Podophyllin, gr. ¼.
Aloës, gr. ½.

every third or fourth night. The diet ought to be a little regulated; it should be mild and unirritating. She should exercise in the open air, with a thin handkerchief tied over the ear, to prevent the entrance of cold air. This is a much better way to protect the ear than the introduction of cotton into the external meatus.

**Foreign Body in the Air-Passages.**

Edward M., æt. six. This child inhaled six weeks ago a watermelon seed. He was in good health at the time. The accident occurred while he was eating. He was seized immediately with symptoms of suffocation, violent spasmodic cough, attended with lividity of countenance and struggling for breath. The paroxysm gradually subsided, and he became much better. Since then he has had occasional paroxysms of difficulty of respiration, with more or less rhonchus, particularly on the left side of the chest. When first seen he had a severe cold, for which he was treated with some calomel and a minute quantity of ipecacuanha, and recovered in a very short time.

To-day he breathes in a comparatively comfortable manner. He has no paroxysms of cough now. On ausculting the front of the chest, a good deal of rude respiration, with some rhonchus, is found on the right side. There is also rude breathing on the left side. A similar condition is observed posteriorly, between the scapulæ and vertebral column on both sides. He has no appetite, and is unusually drowsy. He was playful and active before this accident. His tongue is somewhat coated, and he has lost flesh. He lies upon his back, in preference to either side. He had, until a week ago, very frequent paroxysmal attacks of difficulty of breathing, making him livid, and almost black in the face.

There is every reason to believe, from the history of the case, that there is a foreign substance in this child's bronchial tube; not in the larynx, or he would be in all probability aphonious, or not able to talk above a whisper, particularly if it were deposited in the ventricle of the larynx. From the fact that the left lung has suffered more than the right, it is to be supposed that it has lodged on that side. In the majority of instances, the right bronchial tube becomes the recipient of a foreign substance, because of its larger size and more favorable situation. When the foreign substance is comparatively small and light, it is liable to be dislodged from its first position, and to fall into the opposite side, thus changing place from time to time. Whenever the patient is seized with a violent paroxysm of coughing the substance is impelled upward, and in this way impinging against the mucous surface of the larynx it excites suffocative cough, and then may be readily dropped into the other bronchial tube. The great danger is that the foreign substance being liable to be displaced, may pass into the larynx and produce instantaneous suffocation, as has happened in many cases. A person is therefore never safe under such circumstances.

In this case it is evident that the foreign substance has become partially impacted in the broncial tube in which it lies. At all events, it has not been subject to any upward movement recently, for if it had been the lad would have had spasms of coughing. Sometimes it is possible to detect the situation of the substance by auscultation. Under such circumstances there is diminished vesicular murmur unassociated with any dulness, but on the contrary, increased pulmonary resonance.

The patient will be re-examined at a future clinic.

**Lyceum of Natural History, New York.**

A well-attended meeting of the Lyceum of Natural History was held at the Mott Memorial House, No. 58 Madison avenue, on the evening of the 24th ult., the President, Mr. John S. Newberry, in the chair. Mr. Wood presented a specimen of madrapore from Tortugas. Dr. Feuchtwanger gave an account of a child born of a shepherdess in Switzerland, with a tumor 4½ by 3½ inches, pear-shaped, on its back, which proved to contain a fœtus. Dr. Buckland remarked that the case was by no means rare, Dr. Fisher, of Sing Sing having repeatedly met with it. Prof. Martin exhibited a specimen of a beetle, *Oxacis Dorsalis*, found at Sandy Hook in crevices of dry timber, rare in this localty, and only found within a range of six miles. The President exhibited a bottle of pretoleum from Alaska, taken from a petroleum lake there, (presumed to be a continuation of the California carboniferous formation): also, coal and fossil

plants, the former equal in quality to that of any American colliery. Mr. Seeley claimed that the elements of matter have the character of sexuality, and that each element was created in pairs. A long discussion resulted in this theory being advanced.

# Medical Societies.

## MEETING OF PHILADELPHIA DRUGGISTS.

A meeting of druggists was held in the hall of the College of Pharmacy of this city, Tuesday evening, March 16th. The object of the meeting was the consideration of "the bill recently laid before the Legislature, professedly designed to protect the public against the adulteration and sophistication of drugs and medicines."

On motion of Mr. Edward Parrish, the following officers were elected:

*President*—Robert Shoemaker.

*Vice-Presidents*—Thomas H. Powers, Charles Ellis, Mitchell G. Rosengarten, Professor W. Proctor, Jr., T. Morris Perot, William C. Henszey.

*Secretaries*—Alfred B. Taylor and Wm. J. Jenks.

The President, Mr. Robert Shoemaker, said:

You have all heard the object we had in view in calling this meeting. There was a movement made a few weeks ago in a committee of the Legislature for the appointment of a drug inspector. That bill emanated from the State Medical Society of Pennsylvania. It was never presented to the House but was killed in committee. The first most of us knew of such a bill having been prepared, was by a notice which appeared in one of our daily papers stating that such a bill had been presented by the Medical Society of this State, and that through the opposition of the druggists of Philadelphia it had been killed in committee. As presiding officer of the Drug Exchange, I had the editorial alluded to read at quite a large meeting of druggists, and there was not a member of the Exchange who had ever heard such a bill was to be presented. We learned, after considerable investigation, that a member of the State Senate had written to a druggist in this city, stating that such a bill was to be presented, and asking for his views in reference to it. He wrote a very proper letter in reply, giving his individual views alone. So far as any opposition came from the druggists in this city, that gentleman is responsible for it. The letter was a very proper one in character, as the bill would have been very objectionable.

There is now another bill about to be presented for the prevention of the adulteration of drugs. I presume none of us would be opposed to a proper person as inspector of drugs. We should, however, prefer to have a voice in such an appointment. We should not like to have a physician, superannuated and unfitted for the practice of medicine, put in such a position. In short we want a voice in the appointment of such an officer, if there is such an one to be appointed, and this meeting has been called for the purpose of hearing from our friends in the trade in reference to this matter, and we hope there will be from them a free expression of sentiment.

Mr. Edward Parrish then said:

In connection with what has been stated by the chairman, I may inform the meeting that the American Pharmaceutical Association, which met in this hall some months since, appointed a committee, consisting of a member from New York, who was the chairman; one from Baltimore and two from this city, for the purpose of maturing a law suited to the requirements of pharmacy throughout the United States, which law it was designed to present to the Legislature of each State in the Union. It was thought that such legislation should not be hasty, but should be the result of very mature labor and reflection and comparison of sentiment beforehand. On that account, the action of that committee has been delayed, and no public announcement made of their proceedings. A committee of the board of trustees of this college has co-operated recently with that committee, with special reference to the State of Pennnsylvania. Fearing that the bill now before the Legislature might be urged, a committee of our college went to Harrisburg, and were assured that it would not again be brought up unless we were notified of it. It is now in committee. Still, lest it might be pressed, and for the purpose of getting the sense of druggists and apothecaries and chemists, and all concerned, in regard to a suitable law to go before any legislature, this meeting was called. I have prepared and submitted to my colleagues on this committee, a series of resolutions designed to express the sentiments of this meeting, providing the general sentiments of the College of Pharmacy are acceptable to it. These resolutions it might be premature to read at this time or not, as the meeting would prefer. If they were read they might form the nucleus for some further action. I also have here a copy of the law as it now stands, which has been prepared by the committee of the Pharmaceutical Association and modified by the committee of

this college, which it would be important to read in this connection.

On motion, the secretary then read the objectionable bill for the appointment of a Drug Inspector, presented at Harrisburg by a committee of the Medical Society of the State of Pennsylvania. It is entitled

An act to Prevent Adulteration in Drugs and Medicinal Preparations.

Section 1. Be it enacted, etc, That every person who shall admix, or cause to be admixed, for sale or public use, any ingredient or material with drugs or medicinal preparations with the object of adulterating the same, or who shall knowingly sell or cause to be sold, or use impure or inert drugs or materials in the manufacture of medicinal preparations, shall be guilty of a misdemeanor, and on conviction thereof before the Court of Quarter Sessions of the county wherein the same shall be admixed or sold as aforesaid, shall forfeit and pay to this Commonwealth a penalty not exceeding one thousand dollars, together with costs of prosecution.

Section 2. That every person violating the provisions of this act may be presented by the District Attorney to the Grand Jury of the proper county for indictment and prosecution as in other cases, or may on complaint, under oath or affirmation, be arrested on a warrant issued by any alderman or justice of the peace of said county, and after due hearing on proofs discharged, or committed, or bound over for appearance and trial at that or the next term of court, as in case of other misdemeanors.

Section 3. That whenever any resident physician of the county, being a graduate of medicine and pharmacy, shall complain, under oath or affirmation before any alderman or justice of the peace, that there are reasonable grounds for a belief of the violation of this act, and shall file in writing with said alderman or justice, a list of such drugs or medicinal preparations which he believes to be impure, inert, or adulterated, a process in the nature of a search-warrant shall be issued, directed to any constable, commanding him to search, in company with and under the direction of the complainant, the store, manufactory, or other place of the alleged offender or offenders, where such impure, inert, or adulterated drugs or medicinal preparations are alleged to be, and bring the same, together with the person or persons in whose possession or ownership they may be found, before said alderman or justice of the peace, there to be dealt with according to the provisions of this act.

Section 4. That in all cases of conviction of a violation of this act, the impure, inert or adulterated drugs or medicinal preparations as aforesaid, shall be destroyed, under the order, and by direction of the Court of Quarter Sessions of the county aforesaid.

Mr. Edward Parrish thought it would be well now to call up for consideration the bill which had been referred to by him, prepared by the committee of the American Pharmaceutical Association, to be presented to the Legislature of each State. He did not read the bill in detail, but gave an outline of its chief features as follows:

It is proposed to entitle it "The Pharmacy and Poison act of —— the year ——."

Section 1st. From and after —— (time) of —— year, it shall be unlawful for any person to sell or keep open shop for retailing, dispensing or compounding medicines and poisons, unless such person shall be a registered pharmacist within the meaning of this act, and shall also conform to the regulations as to keeping, dispensing, selling, and compounding of poisons hereinafter provided. And every shop kept open for the retailing, dispensing and compounding of medicines and poisons shall be under the direct personal care, oversight and management of a registered pharmacist or registered assistant pharmacist, and every registered pharmacist or registered assistant in pharmacy, to supervise that particular shop only.

Section 2d provides that no person shall be allowed to assume or exhibit the title of registered pharmacist, unless he shall be registered as such in accordance with this act.

The next section particularizes those eligible to be registered pharmacists. They must be either graduates in pharmacy, practicing pharmacists, or practicing assistants in pharmacy, under the meaning of the act.

It then goes on to designate what a graduate in pharmacy is. It further states that a practicing pharmacist shall be understood to be only such person as prior to the passage of this act, shall have kept open shop in the State of Pennsylvania for the compounding, etc., of drugs. This makes every one now in the business eligible to become a registered pharmacist. A practicing assistant in pharmacy shall be understood, to be only such person as shall have attained the age of twenty one, served five years in a shop, and passed examination by an examining board, to be composed of not less than five registered pharmacists to be appointed by the judges of the county court to hold office for three years, of whom three shall form a quorum, or by the examining board of an incorporated or chartered college of pharmacy in the State of Pennsylvania, such board to consist of not less than five members.

The bill goes on to provide for the appointment of an officer by the Governor of the State, to be called the Registrar of Pharmacy. He is to keep a register in which the name of every registered pharmacist in the State of Pennsylvania is to be entered and annually corrected, which list he is to publish annually. The fee, one dollar

annually, which pays for the registering, entitles each registered pharmacist to a copy of the register thus published.

There is also a section which provides that in country places it shall be lawful for retail dealers to sell medicines not enumerated as poisons in this act. provided such medicines are sold in the original package distinctly labeled, bearing the proper name of the medicine, together with the name of the registered pharmacist or wholesale dealer by whom it was put up.

Then it proceeds to specify that the sale of poisons by retail, shall be confined strictly to registered pharmacists, and to those persons in the country who shall take out special license, allowing them to sell poisons.

It then designates by a special schedule what are poisons within the meaning of this act, and that in case any substance hereafter shall be stated to be a poison by authority of the college of pharmacy of this city, it shall then be entered by the Registrar of Pharmacy upon the list of poisons which he annually publishes with his register.

It next proceeds to except from the operation of this law all physicians, who in the practice of their profession are to be allowed to keep and dispense poisons, throughout the country especially.

There is a provision also that poisons must be properly labeled, with the word *poison* upon the label, and that the precautions which are now required by law and so little observed, shall be enforced in regard to the sale of poisons, viz., the noting of the name of the purchaser, the alleged object of purchase, date, residence, etc.

This law it is proposed to substitute for the law now before the Legislature, as it is believed to be comprehensive and to correct the evils at which that law is professedly aimed. There is no clause in it for the inspection of drugs, although it is in contemplation to add such a clause. The whole subject is at present incomplete, and it is desired that it shall remain so until another session of the Legislature.

Dr. N. C. Reid said that the bill now before the Legislature from the State Medical Society was utterly impracticable. How many physicians are there who are also pharmaceutists in the State of Pennsylvania? The number is very few. Most physicians cannot recognize medicines when they see them, much less tell good from bad.

Mr. G. W. Vaughan stated that all druggists knew that many men graduated in medicine who could not distinguish jalap from rhubarb. He had been in business for a good many years, and had seen many instances of acts prejudicial to druggists. For instance, physicians in his neighborhood, and he understood also in other portions of the city, were in the habit of entering drug stores and saying "I will send you all my prescriptions, if you will give me twenty, twenty-five, or forty per cent." If the druggist reject this offer, they become his enemy.

Dr. N. C. Reid thought that a law should be passed to prevent the adulteration of drugs. He had seen very essential articles adulterated. One house in this city makes a standing rule of adulterating almost every article of medicine they sell. When a physician prescribes medicine, he expects that medicine to do certain acts. If it is a good article and fails, he is then to seek for the reason. If it is a bad article and fail, he is at a loss. If a sinapism be ordered, many druggists will furnish a mixture of mustard and indian meal, or of mustard and flaxseed meal.

Mr. Chas. Bullock said that the worst feature of the objectionable bill had not been touched upon, which is that the plaintiff has got the right, together with an officer, to enter a shop or manufactory, and carry off such articles as have been specified to be impure or adulterated. There is no appeal. The physician is made by that act the accuser and the judge. The capacity of a physician to be a judge has been well shown to-night.

Mr. Edward Parrish remarked that the allusions that had been made to mustard were in point, showing the utter fallacy of the proposed law. Suppose there was an inspection of mustard. Nine times out of ten that a physician ordered mustard plaster, the mustard would be obtained from a grocer. This law does not touch him. And it is very difficult to ascertain whether or not many drugs are adulterated. He related a conversation which took place between two medical gentlemen of this city. One of them, a gentleman of large experience and learning, and acquainted thoroughly with drugs from his position, education, and facilities, was asked by his friend in regard to his opinion of the appointment of an inspectorship of drugs. He replied he did not know who could be got as a competent inspector. "You would be, yourself," he was told. "Yes," he answered, "I know as much about drugs, from the peculiar facilities I have had, as any man in the medical profession, but I would not be willing to accept such a position, and decide in all cases whether articles were or were not impure." When the subject of the inspection of drugs in the United States Custom

House was under discussion in the American Pharmaceutical Association, before the law was passed, the great object was to get standards. The Association spent much time in endeavoring to lay down standards of what were and what were not capable of passing through the Custom House, and they ultimately gave up the effort. In chemicals recource can be had to analysis, but in all galenical preparations there is great difficulty in deciding upon the question of purity.

Mr. Edward Parrish then read the following resolutions.

*Whereas*, There is an obvious necessity for the enactment of laws to regulate the selling and dispensing of medicines and poisons, to promote the education of experts fitted to assume those delicate and responsible duties, and thus to suppress the adulteration and sophistication of drugs and medicines; *and whereas*, those only who by education and experience are acquainted with the difficulties of the subject are competent to frame laws for the promotion of these desirable objects;

*Resolved*, That the safety of the public demands that it should be unlawful for any one to sell medicines by retail, or to compound the prescriptions of physicians, without being first examined by a competent board of examiners as to his fitness to judge of and test the qualities and genuineness of drugs and chemicals, and to mix, combine, and dispense these according to the well-established principles of pharmaceutical science.

*Resolved*, That the sale of substances dangerous to human life should be especially restricted by law, and connected with precautions calculated to insure against mistakes, and to lead to the detection of any cases of accidental or criminal injury or homicide.

*Resolved*, That "The Pharmacy and Poison Act," prepared and now in course of revision by a committee of the American Pharmaceutical Association, with a view to procuring uniform legislation in all the States of the Union, in its leading features merits our approval, and we ask for it when perfected by further comparison with the laws of foreign countries, and by consultation with leading pharmaceutists in this and other States, the careful consideration of the Legislature and of the community for whose benefit and protection it is designed.

*Resolved*, That the adulteration and sophistication of medicines is an evil only partially reached by the special examination provided for by the United States Government at the several ports of entry, and by the vigilance of the several pharmaceutical colleges and associations, and any just and practical laws which can be devised for its suppression shall have our earnest and hearty support, yet we look to the more general cultivation and spread of pharmaceutical science, and the more thorough professional education and organization of dealers and compounders of drugs and medicines as the surest guarantees of the purity and efficiency of remedial agents.

*Resolved*, That we have no confidence in either of the bills recently introduced into the Legislature of Pennsylvania, the one looking toward the appointment of a State Inspector of Drugs, and the other authorizing summary processes for searching pharmaceutical stores, and the arrest of their owners at the instance of irresponsible informers, as neither law would, in our judgment, prove sufficient or useful, while the latter especially would lead to endless annoyances and petty litigation.

The resolutions were seconded by Dr. Reid, and unanimously adopted.

Dr. Reid thought druggists should regulate and secure a uniformity of prices among themselves by combination. They should also entirely prohibit the giving of per centage to physicians. When he was practising medicine he never received it, and would never give it to any man.

Mr. Ambrose Smith said that in regard to percentages, he believed there were very few retail druggists of any standing that do or will give it. In no store with which he has been intimate has it been done, and he hoped it was very seldom permitted.

The President stated that he did not think any respectable physician would accept it.

Mr. Geo. W. Vaughan said he knew the practice of receiving per centages to be very common among physicians. Every day persons pass his store to go to particular drug stores, where he knew the physician was receiving from forty to fifty per cent. on the price of the prescription. For prescriptions for which he charged twenty-five or thirty cents, these druggists asked seventy, eighty, or ninety cents. He has been in business in the northern part of the city for some thirty years, and he saw that the per centage system to physicians was a growing evil. Something should be done to protect the poorer portions of the community. If he chose, he could give the names of physicians who receive per centages, which would surprise the meeting.

Prof. Wm. Proctor, Jr., stated that the main point of the bill at Harrisburg is to cure what is alleged to be a very serious evil, namely, the adulteration of drugs. It would be very satisfactory to him if the gentlemen present would express themselves as to their willingness to have some law by which such adulteration should be prevented. It is very clear that there is not only adulteration in simple drugs, but an immense adulteration, or, the same thing, imperfection in the manufacture of pharmaceutical preparations.

Mr. Edward Parrish thought that the only way to stop roguery in the drug business was to have an organization holding the members sub-

ject to its ethical rules. He hoped that this meeting would result in a determination on the part of reputable druggists, pharmacists, and manufacturers in Philadelphia, to push through a law of registration which will give status and character to our profession.

The opinion having been expressed that it would be well to meet the physicians and secure their aid in obtaining proper legislation, Mr. Chas. Ellis said he thought there should be co-operation with the medical faculty in reference to any proposed law. He was desirous that the matter be postponed for the present. If the Legislature would allow another year to pass, something much more mature and better adapted to all the wants would then result from deliberation.

Mr. Bullock, while he had a high regard for medical practitioners, did not see that it was necessary that they should be consulted in regard to the regulation of the drug trade. It was a thing with which medical men had nothing to do. The law should emanate entirely from those engaged in the business. There is no more propriety in medical men interfering with druggists than there would be in the College of Pharmacy attempting to secure legislation in regard to what men shall practice medicine. The drug business is a distinct branch of business, and should hold itself separate and independent.

Mr. Needles also failed to see wherein co-operation with the medical profession is in any sense appropriate to this specific interest, and he eminently approved of the remarks of Mr. Bullock.

After some further debate, on motion of Mr. James T. Shinn, it was ordered that a copy of the resolutions passed by the meeting be sent to the Philadelphia County Medical Society, to the College of Physicians, and to the chairman of the Judiciary Committee of the Legislature.

# Editorial Department.

## Periscope.

### A Practical Point in the Treatment of Throat Diseases.

Frederick A. Burrall, M. D., communicates to the *Medical Gazette* the following.

It is often a difficult matter to examine satisfactorily the throats of patients who are lying in bed. The head of the bed may be toward the window, thus placing the patient's mouth away from the light, and the glare of a lamp held before the face is often painful to the eyes of the sick. Sitting up in bed and twisted toward the light is a constrained and, to a debilitated invalid, an exhausting position; and while a child would be willing to open its mouth, it would often rebel against sitting up for a throat examination. The physician, conscious that his patient is in a fatiguing attitude, hurries his investigations, and sometimes obtains but a perplexing view. These annoyances may be lessened or obviated by the use of a small concave mirror, with a focal distance of about twelve inches. Daylight can be reflected into the throat of the patient while he lies quietly in bed or slightly raised on pillows, and the lamp used for illumination at night can be placed above or at the side of his head. Of course, it is well known that such mirrors are used by those who are constantly treating diseases of the throat, but the object of this article is to recommend them to more general use. Much weariness would thus be spared the sick, and such a mirror is also useful for the examination of any cavity on a dark day or at night.

### How to Cure a Cold.

Dr. T. Inman, in a recent number of the *Med. Mirror*, has the following to say on this subject.

The most common cause of catarrh is a sudden transition from a moist and cold atmosphere, such as is commonly met with in an "open" English winter, to a hot and dry room; and those people are most subject to "bad colds," who by accident or design have to undergo such transitions. For example, a lady fresh from a ball room drives home a good long distance on a nasty night in winter. In spite of a comfortable carriage, she respires the cold air of December or January, and arrives at home jaded with dancing, and chilled by the night dews. Joyfully she rushes to her comfortable boudoir to find warmth, quiet, and a pleasant nook for a chat. But she soon finds that she has "caught a cold"—it may be a fatal one—and then she and her friends lay the blame at the door of the chill on leaving the assembly room, rather than to the comfort of the chamber of luxury. From long personal experience I would say that no one single cause is more frequently in operation to produce catarrh than the one referred to, and I entirely agree with the remark of an old surgeon, that it would be more sensible for individuals to say they had been "catching hot," when they felt themselves "in" for a catarrh, than to say that they had caught cold.

If we now pause to inquire what the effect of

heat upon a cold tissue of the body is, we see its type in chilblain. Children may play in frost and snow for hours, and yet suffer comparatively little from chilblains; they may have frost bite from prolonged exposure, but this is not chilblain. The latter is most constantly produced by heat being suddenly imparted to chilled extremities, such as toes, fingers, etc. When once chilblain has been induced we see it two stages—one of undue vascularity, or congestion with a tendency to ulceration—the other one of undue pallor with ulcers that show no tendency to heal. Let us now ask the surgeon in what way he would endeavor to cure chilblain. Surely, he will say, by local bleeding when there is congestion, and by local stimulation when the parts are ulcerated.

As like causes produce like effects, and as we see reason to believe that heat following frigidity gives rise to catarrh, we are justified in thinking that a cold has something in it akin to a chilblain. Consequently we treat it locally by small evacuations of blood. As, for example, we relieve catarrhal sore throat by two leeches over each tonsil; or if the sore throat be more marked by pallor than redness, we use such stimulants as a port wine gargle.

Having thus indicated our opinions of the nature of catarrh, we may conclude by describing the routine treatment which we adopt. In the early or good-for-nothing stage, and as long as it lasts, we order mulled port wine—prepared according to any approved fashion—or if people dislike alcohol, we suggest hot tea, hot coffee, hot barley water, or any other nice diluent. Ipecacuanha lozenges, antimonial wine, and purgatives are to be uniformly avoided—sometimes they almost act as poisons. In many cases nothing beyond spiced port wine, warm rooms, warm bed, and a week of "coddling" is required; but if the conjunctiva be very much inflamed, the internal ear be affected, the throat be very sore, etc., it is advisable to take blood locally by means of a leech or two as near to the spot as possible. For bad coryza or cold in the head, the application of a very hot kerchief to the face, or holding the head over boiling water gives temporary relief. The use of pure powdered opium for snuff is of great efficacy, but its employment is disagreeable to the patient for about half an hour, as the powder acts primarily as an irritant. As a gargle, port wine alone, swallowed at the end of the process, is appropriate; so next in value to it is a gargle composed of tincture of the sesquichloride of iron and laudanum and water. For the cough no linctus is superior to one composed of equal parts of rum, honey, and lemon juice, with or without the addition of laudanum. For the indigestion nothing answers so well as warm port-wine negus, and for diarrhœa an enema of starch and laudanum is superior to medicine given by the mouth. For the general malaise, nothing is better, for those who can take it, than the use of opium internally as laudanum or the crude drug. To a man obliged to go out in all weathers, a pill containing two grains of solid opium will give relief for six hours or more. Where laudanum cannot be taken, chloroform will answer instead.

In fine we may sum up our remarks by quoting a very trite old saw, viz., "Stuff a cold,"—a very lame and impotent conclusion to those who have been accustomed to act as reason would dictate; but a boon of price to those who have been treated with antimonial or ipecacuanha wine. I know a family, some of whom had been near death's door, in consequence of having a "cold" when residing with a certain relative, who being nothing in general, became by choice a catarrh curer in particular, using as a panacea solution of antimony; which he recommended to his guests with such pertinacity that they swallowed the poison to escape the imputation of disrespect, and then declined to take any more on the plea of clinging to life.

If a plan such as we here suggest be adopted, the chance that a cold will run into a galloping consumption is very small; if, on the contrary, a cold is starved and attacked by such drugs as antimony, ipecacuanha, colocynth, and the like, the depression produced by the disease and the treatment may eventuate in absolute "decline."

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### Reproduction of the Brain.

Some very remarkable experiments have recently been made by Voit, in regard to the removal of the hemispheres of the brain of pigeons, and communicated to the Academy of Sciences in Munich. After the operation, the pigeons fell into a torpid condition, resembling sleep; but after a longer or shorter time, generally lasting, however, for weeks, they became lively again, opened their eyes and flew about. Curiously enough, however, they took no notice of the food placed before them, and had to be fed by hand. They seemed to have lost all feeling of fear of their enemies. The pigeons that had been operated upon on being killed, showed that the space previously occupied by the cerebral hemisphere had become filled, either with a fibrous exudation or with a porus liquid; or else that the cerebellum had moved forward, and the roof of the

skull had sunken in. A young pigeon after the operation gradually returned almost to its normal condition, but would not partake of any food of its own accord. After five months' time, in the cavity of the skull previously occupied by the brain, there appeared a white mass, having perfectly the appearance and the consistency of the white cerebral matter, and which passed uninterruptedly and imperceptibly into the crura, which had not been removed. The mass presented the appearance of two hemispheres, each of them with the cavity filled with fluid, and with a septum between them. The whole consisted of perfect, double, contorted, primitive, nervous fibres, and unmistakably contained ganglionic cells.

### Phosphorus in Locomotor Ataxia.

Dr. Lambert in the New York *Medical Journal* gives an interesting account of a young lady aged 22. He had been treating her for chlorosis and dysmenorrhœa.

"In September last, from exposure to wet and cold, her menses ceased, and all the symptoms of progressive locomotor ataxia set in. Her parents, who live in the country, came for more medicine, and casually told me that her menses did not come on at their usual period; consequently I went to see her, and in her attempting to shake hands with me she grasped me by the wrist. This excited my fears immediately that she had Duchenne's disease. Upon further examination my diagnosis was verified. The patient, in attempting to walk, staggered and swayed her body from side to side to keep her equilibrium. She would suddenly halt to recover herself, and then would plunge forward, seemingly in a great hurry to reach the point to which she desired to go. She was unable to feed herself, from the want of coördinate action of the muscles, and, in fact, unless she was watching her hands continually, she was liable to drop whatever she had in them. Her speech was also affected; she was not able to articulate some words perfectly.

What is strange in this case is, that I was giving her syr. ferri iodidi at the very time that the disease manifested itself; the very medicine that Dr. Julius Althaus used, with so much benefit in his case, the only one recorded, until lately, that had been much benefited by medicine.

As soon as I recognized the disease, I gave potass. bromid. grs. xv., ter in die, and submitted the patient to the action of magneto-electricity once every twenty-four hours. I also gave two pills of aloes and iron, which produced too much relaxation, the effect continuing two or three days. This, in fact, seemed to prostrate her to such an extent that she was obliged to take to her bed, and there remain for a time. Fortunately, just then I received the September number of the *New York Medical Journal*, and in it saw that Dr. Dujardin Beaumetz had given phosphorus in this disease, with excellent effects. I immediately ordered acidi phosphorici dil. m. xv., ter in die, in simple syrup. The next day her menses came on, and in a short time she began to improve. In a few days I increased the dose to twenty, twenty-five and then to thirty minims. After ten or twelve days, I omitted the acid, and gave her the pyro-phosphate of iron for a week, and then returned to the acid. I continued the electricity every alternate day. In two weeks she was able to sit up, and had sufficient control over the muscles of her upper extremities to be able to knit. In one month she could walk about the house tolerably well. Now it is something over two months; she can take long walks, do housework almost as well as ever, and has become very fleshy. The electricity has been discontinued for about one month, and she is not at all regular with her medicine at the present time. However, I have the most sanguine hopes that she will perfectly recover. The improvement has been so great that it is impossible to discern anything wrong with her, except a very slight irregularity in her walk.

### Men and Monkeys.

The *Nation* gives a notice of a recent work touching on the kinship of man and the monkey, by Dr. Bischoff, entitled "Die Grosshirnwindungen der Menschen." This study of the brains of men and apes in all stages of cerebral growth, from the fœtus to the fully developed being, is exceedingly thorough. Two circumstances, it says, however, one affecting the author's mind and the other affecting his materials, tend to vitiate the results of his investigations: 1. He is haunted by the spectre of Darwinism, and seems resolved to lay his spirit at all hazards; consequently, he emphasizes the points of difference between brains of men and those of apes, but fails to note the points of resemblance, so that what should be a strictly scientific argument degenerates into a special plea. 2. The specimens of brains which he examined were preserved some in chloride of zinc, others in alcohol, whilst others were studied in wax impressions or plaster casts. The danger of false deductions from such

heterogeneous data is evident, however great care may have been taken to avoid incorrect conclusions, since the source of error lies beyond the author's control. Dr. Bischoff discovered the nearest resemblance between the cerebral convolutions of the adult orang outang and those of the eight months' fœtus. He does not appear to have compared the brains of young apes with those of children, where the similarity is said to be much greater than between grown apes and men. Indeed, the rotund cranial development and frontal elevation of the orang-outang in early youth indicate a mental power very little inferior to that of the human infant. These marks of intellectuality in the brute animal disappear with advancing age. Dr. Bischoff's book is rendered additionally attractive by a series of plates.

### Hydrophobia.

We are kindly furnished the following from *La Ferme*, via *Le Constitutionnel* and the (Milan) *Perseveranza* of Feb. 14, 1869.

Dr. Buisson, having been called in to a person in the last stage of hydrophobia, bled him, and then wiped his own hands with a handkerchief saturated with the slimy saliva of the dying man. On the forefinger of his left hand he had a small open wound, and soon realized his imprudence, but trusting to a remedy which he had recently discovered, simply washed himself with water.

"Supposing," says Dr. Buisson, "that the malady would not be developed under forty days, and having many patients to care for, I postponed from day to day the application of my remedy—a vapor-bath. On the ninth day, being in my study, I suddenly felt a pain in my throat, and another, still more violent, in my eyes; my body seemed to me so light that I felt able to leap to a prodigious height, and to remain suspended in air. I was so sensible of the hairs of my head, that it seemed as if, without seeing them, I could count them. In my mouth the saliva was constantly gathering. The air blowing upon me caused me dreadful suffering, and I tried not to look on the sparkling objects. I had a constant desire to run and bite, not men, but animals and all that surrounded me.

"I drank with difficulty, and noticed that the sight of the water tormented me more than the pain in my throat. I believe that by closing the eyes of a person attacked with hydrophobia, he can continue to drink. My attacks came every five minutes, and then I felt the pain leave my forefinger, and course through the nerves to my back.

"Reflecting that my remedy was only preservative, and not curative, I took a vapor-bath, not expecting to cure, but to bathe myself. When the bath was raised to 52° centigrade of heat, all the symptoms disappeared as by enchantment; nor did I afterward feel anything. I have attended more than eighty persons bitten by hydrophobic animals, and all recovered by means of this remedy.

"When a person is bitten by a mad dog, he should take seven vapor-baths (Russian), one a day, from 57 to 63 degrees. This is the preservative remedy. When the disease has developed itself, a single vapor bath suffices, rapidly raised to 57 degrees centigrade, then gradually to 63. The patient should keep closely to his room till his cure is complete."

### Characters of Good Meat.

Dr. Lethery, who has had great special experience during several years in the city of London, describes the following as the characters of good meat. 1. It is neither of a pale pink color nor of a deep purple tint; for the former is a sign of disease, and the latter indicates that the animal has not been slaughtered, but has died with the blood in it, or has suffered from acute fever. 2. It has a marbled appearance from the ramifications of little veins of fat among the muscles. 3. It should be firm and elastic to the touch, and should scarcely moisten the fingers—bad meat being wet, and sodden, and flabby, with the fat looking like jelly or wet parchment. 4. It should have little or no odor, and the odor should not be disagreeable; for diseased meat has a sickly cadaverous smell, and sometimes a smell of physic. This is very discoverable when the meat is chopped up and drenched with warm water. 5. It should not shrink or waste much in cooking. 6. It should not run to water, or become very wet on standing for a day or so, but should, on the contrary, dry upon the surface. 7. When dried at a temperature of 212° or thereabout, it should not lose more than from seventy to seventy-four per cent. of its weight, whereas bad meat will often lose as much as eighty per cent. Other properties of a more refined character will also serve for the recognition of bad meat, as that the juice of the flesh is alkaline or neutral to test-paper, instead of being distinctly acid; and the muscular fibre, when examined under the microscope, is found to be sodden and ill-defined.—*Brit. Med. Journal.*

Medical and Surgical Reporter.

PHILADELPHIA, APRIL 3, 1869.

S. W. BUTLER, M.D., & D. G. BRINTON, M.D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

## PRELIMINARY EDUCATION FOR MEDICAL STUDENTS.

We have often spoken of the propriety of demanding a test of some kind for young men aspiring for diplomas. We have constantly iterated the value of some knowledge of Latin; we have boldly asserted, in the teeth of opposition, that doctors should not be dunces, even in a democratic country. A correspondent urges the same thing in a letter before us. He says:

"Let us go into any of our first-class medical schools, the University, or the Jefferson of our own city, for instance. What do we find? Perhaps more than one-half the young aspirants are ignorant of the language in which medicines are written; besides many have a very meagre English education.

Can there be any wonder that our profession is annoyed and degraded by so many quacks with their nostrums, when our standard of requirements are so low, that even those who have received their professional degrees in good faith have to resort to various insinuating machinations in order that they may get into practice?

How can a profession be what it should, when any one can leave his cobbler's-bench, quit his plough, or throw down his pick, because he conceives he can make money easier and faster by attending two courses of lectures in some college, and gull the people in practising the divine art of 'curing.'

It is certainly no wonder that men who perhaps have never had one good idea, after getting a smattering of medicine should compound a few drugs together as original, and have them patented. All this is produced by the low standard of our professional requirements.

Let the line of demarcation be drawn between the well educated and the ignorant professional man, and at once the former will feel the benefit of the distinction. This can only be accomplished by our medical college adopting and establishing resolutions requiring a candidate to show a diploma from some classical college of which he is a graduate, as well as also a certificate of good character.

Lack of confidence and jealousy often destroy our best purposes. So it appears in this, that when one of our Eastern schools, in good faith with some of her sisters, would admit none but graduates in her medical department, she was compelled to give up, on account of a want of compliance in others.

So it appears to-day that there is such a spirit of rivalry in our schools, not so much which will turn out the best, but who will have the most graduates. This might in a manner be tolerated in our early history when there was a great demand for persons having the title. But now in our advanced civilization, when there are facilities for every one to receive a liberal education, and the demand is for more intelligent skill, let us not overflow our country with incompetent doctors.

When we consider the limited requirements of our schools, the frequent mistakes in discriminating disease, and the danger that might result from injudicious remedies, we cannot wonder at the incredulity of many who resort to the man of the homœopathic doses, because they feel at least safe taking his thirtieth dilution.

Nor is it surprising that the fair sex should aspire to cope with her masculine brother. When the smooth soft hand, the mild flattering word, with a little tasteless and in itself useless medicine is only requisite to gain abiding faith and confidence.

Ohio has taken one good step in the right direction. Let Pennsylvania go to the fountain source, her colleges, and let those who are permitted to go out from their walls, be wholly what their name implies, and there will be a suitable reform."

We are less sanguine about the efficacy of the reform in Ohio, when diplomas can be bought in this city for the price of a pair of boots. The apathy of medical faculties, and medical societies, will only be broken when they see year by year the public growing more and more disgusted with the ignorance and petty jealousies that now prevent the usefulness of our art to so great an extent.

The house of Morson & Son, of London, whose card appears in this number, is one of the most celebrated and reliable chemical and pharmaceutical establishments in England. Their preparations can generally be relied upon.

# Notes and Comments.

## THERAPEUTICAL BULLETIN.*

Compiled by Geo. H. Napheys, M. D.

No. 7.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc., etc.

The selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form.

Below will be found some recent formulæ used to combat the secondary and tertiary phenomena of syphilis.

*Remedies employed against Constitutional Syphilis.*

William Aitken, M. D., Edin.

℞ Hydrargyri chloridi corros., gr. j.
Potassii iodidi, gr. xxx.
Liq. potassæ arsenitis, ♏xxxvj.
Alcohol., f.℥j.
Extracti sarsaparillæ fluidi, f.℥iij.
Aquæ cinnamomi, ad f℥xij. M.

Two tablespoonfuls three times a day, after meals, in the treatment of some of the more intractable forms of syphilitic squama.

Prof. S. D. Gross.

℞ Hydrargyri chloridi corros., gr. j.
Potasii iodidi, ℥ij.
Syr. sarsaparillæ compos., f.℥iij. M.

Dessertspoonful ter die, shortly after meals, in tertiary syphilis.

Prof. Gross almost invariably combines the bichloride of mercury with iodide of potassium in the treatment of tertiary syphilis, particularly when the affection is of long standing. An infirm, broken state of the system is no bar to the use of mercury in this mode of combination; on the contrary, it often affords the medicine an opportunity for its best display. To counteract any disagreeable effects of the above recipe, such as gastric irritation, diarrhœa, etc., (which, however, rarely ensue) an anodyne, as a small quantity of morphia, or from five to ten drops of the acetated tincture of opium may be combined with each dose.

In regard to the dose of iodide of potassium in the treatment of tertiary syphilis, Prof. Gross states that long experience has taught him that while less than ten grains ter die will rarely do much good, there are few cases in which more than this quantity is really ever needed.

Cullerier (successor of Ricord at the Hôpital du Midi, Paris) says that in order to be effective, iodide of potassium must be given in a sufficient quantity, as, for example, gr. xv. to ℥j. in the course of the day. It is almost useless in the early secondary stage in which it can never supersede mercury.

Berkeley Hill, M. B., F. R. C. S., London, has found that in the administration of iodide of potassium it is best to begin with two grains dissolved in an ounce and a-half or two ounces of liquid, three or four times daily, before breakfast and between meals, and to increase the dose by a grain or two every three days. If the patient finds no benefit from a moderate amount, as is often the case when the disease is of very long standing, larger doses of eight, ten or twenty grains should be tried, or even much larger doses. Forty grains *ter die* will sometimes quell an obstinate syphilide which has resisted smaller quantitiss. Still larger quantities than this have been given without ill effect. Usually, however, the risk of iodism may be avoided by combining ammonia or bromide of potassium with the iodide. The aromatic spirits of ammonia or the carbonate of ammonia is an excellent adjuvant. Professor Gross also speaks of the advantage of combining carbonate or muriate of ammonia with iodide of potassium.

With reference to the employment of iodide of sodium and iodide of ammonium as substitutes for iodide of potassium, Professor Gross sometimes recommends their use in five grain doses. Cullerier says that the iodide of ammonium gives no better results than the iodide of potassium, and he has abandoned its use. It has been asserted, however, on good authority, that the iodides of sodium and ammonium will sometimes succeed in cases in which the iodide of potassium has failed. (Tanner and others.) They are more nauseous than the iodide of potassium.

Bromide of potassium has been employed in tertiary syphilis recently. Cullerier says no reliance can be placed on this remedy. Berkeley Hill asserts that in small doses in conjunc-

* Entered according to Act of Congress, in the year 1869, by Geo. H. Napheys, M. D, in the Clerk's office of the District Court for the Eastern District of Pennsylvania.

N. B. This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

tion with the iodide, it increases the energy of the latter very materially. It should be borne in mind in administering the bromide of potassium that it is decomposed by a syrup.

To overcome the disagreeable taste of the iodide of potassium, so often complained of by patients, Paget says that a mixture of whisky, and the compound syrup of sarsaparilla makes the best vehicle.

*Hypodermic Injection.*

Berkeley Hill, M. B. Lond., F. R. C. S.

℞ Hydrargyri chloridi corrosivi, gr. ¼
Aquæ destillatæ, ♏xxx. M.

For one injection. The patient is thus very rapidly brought under the influence of the drug by much less mercury than is used in any other way. The amount taken into the system can also be exactly measured. Introduced in this way in divided doses of about grains 1-5, it produces mercurialization when about one grain has been injected. The condition is kept to the requisite intensity by the daily injection of gr ¼. This method has the disadvantage of requiring the attendance of the surgeon, and is disliked for the slight pain it causes; hence, it is only to be recommended where circumstances render it doubtful whether the mercury be taken by the patient or where, as in severe iritis, it is necessary to put the patient under the influence of mercury as quickly as possible. The subcutaneous injection of mercury is also resorted to by Scarenzio and Hebra. The latter injects about gr. 1-40 of corrosive sublimate at a time. Dr. Lewin, of Berlin, adds morphia to the corrosive sublimate for hypodermic injection in syphilis.

Surgeon W. S. W. Ruschenberger, U. S. N.

℞ Hydrargyri iodidi rubri, gr. j.
Iodinii, gr. ij.
Potassii iodidi, ʒj.
Syrupi sarsaparillæ compositi, f.ʒxv.
Aquæ f.ʒj. M.

Tablespoonful four times a day.

Thomas Hawkes Tanner, M. D., F. L. S. Lond.

℞ Hydrargyri chloridi corrosivi, gr. ij.
Pulveris opii, gr. v-viij
Pulveris guaiaci, ʒss. M.

Fiant pilulae xvj.

Once, twice, or three a day, where it is desirable to continue the use of the corrosive sublimate over many weeks.

℞ Ammoniæ carbonatis, ʒss.
Potassii iodidi ʒj.
Tincturæ aconiti folii ♏xxx.
Tincturæ cinchonæ flavæ, f.ʒvj.
Aquæ menthæ piperitæ ad f.ʒiij. M.

Tablespoonful in a half wine glass of water, ter die, at 9 A. M., 2 P. M., and 7 P. M.



℞ Hydrargyri iodidi viridis, gr. ij.
Extracti opii, gr. j.
Extracti hyoscyami, gr. vj. M.

Divide into two pills, and order one to be taken every night at 11 o'clock, as long as the above mixture is continued. Very useful in many forms of constitutional syphilis.

Edward John Tilt, M. D., Lond.

℞ Hydrargyri iodidi viridis, gr.j.
Extracti hyoscyami, gr. ij. M.

An antisyphilitic pill, to be taken morning and night.

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### Prize Essays.

All essays submitted for prizes at the next meeting of the American Medical Association, should be forwarded to Dr. S. M. Bemiss, Chairman of Committee of Prize Essays, by or before the 25th of April.

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### Delaware County, Pa., Medical Society.

The Delaware County Medical Society held its annual meeting recently, at Parrish's Sanitarium, Media, appointing the following officers for the ensuing year:

*President*—Dr. M. Emanuel.
*Vice-President*—Dr. J. L. Forwood.
*Secretary*—Dr. Isaac N. Kerlin.
*Treasurer*—Dr. Theodore S. Christ.

We learn that an earnest effort is being made to re-animate this Society, it having been nearly dead since 1860, and only known not to be dead by spasmodic attempts at "re-organization." It is somewhat discreditable to the profession of the county, if a *live* society cannot be sustained. We shall certainly be glad to know that the experience which, we suppose, our medical friends are deriving from our miseries, aches and ills, is not lost, but suitably discussed, criticised and adjusted for the good of their victims and the advancement of science. For such a desirable end, let us have a Delaware County Medical Society, composed of active, intelligent and influential gentlemen—those who are the open enemies of quackery; who neither by practice, profession nor *advertisement*, give it countenance or support. A Society composed of such men would be a credit to the county. With quacks in it, it will be a disgrace to all connected therewith.—*Del. Co. Republican.*

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The valuable Medical Library collected by the late Dr. Dewitt C. Enos, has been presented by his widow to the Long Island Historical Society. It consists of 815 bound volumes, and 74 unbound volumes, besides a large number of pamphlets.

# Correspondence.

## DOMESTIC.

### Mullein—its Curative Powers, etc.

Editors Medical and Surgical Reporter:

I have been intending for some time, and in fact have been asked by a practising physician, to state a few facts with respect to the efficiency of mullein in certain diseases. Waving the description of mullein, which is entirely unnecessary, since it is so familiar to almost every schoolboy in America, England and on the Continent, I will state what I know about its effects upon the *bladder* in cases of inflammation. It has been noticed by medical men to have an effect upon the lungs, the liver, and to be an antidote for piles; but no one has expressed any certainty as to its potency in diseases of the urinary organs. What I shall say concerning the curative powers of mullein in gravel, or inflammation of the bladder, is the result of my own experience, and the experience of others, who communicated the same to me. I had for several years been laboring under inflammation of the bladder, and had thoroughly tested the efficiency of Helmbold's Extract of Buchu, which gave me but temporary relief. I was induced by an old gentleman, who alleged that the mullein had helped him more than all other medicines that he had ever used, to make trial of it, and to my surprise found that it acted like a charm in allaying all uneasiness about the bladder, and giving tone to the stomach, and proper action to the liver. I recommended its use to an old clerical friend of mine, who had long been a sufferer from diabetes and gravel, and in a week after he told me that he felt better since he quit using buchu, and commenced the use of mullein, than he had for a year.

I communicated the fact that mullein was good in diseases of the bladder to Dr. Lewis, of Farmington, Pa., who has tested it in a case of gravel of long standing, and informs me that the patient is so well that *he only requires its occasional use*, and yet it is not more than half a year since the Doctor prescribed it.

He also used it with fine effect in a case of a woman who had given birth to a child, and who was unable to void water. Now, Messrs. Editors, these are *facts* that ought to be known to the world, and physicians are the very ones who ought to give publicity to them, that the suffering may have a sure antidote at hand without spending a fortune for *imported medicines*.

*Mode of Preparation.*—Strip the leaves off the stalks, or if it has not shot up to stalk, take the leaves and roots, or leaves alone, put them in a tin vessel, either green or after they have been dried—dried leaves make the more agreeable tea—pour boiling water upon them, letting them *boil* until the substance is well drawn from the leaves, then strain, and drink when cool enough. Drink one, two, or three swallows of the tea three times a day before eating. You may make it *strong* or *weak*, and drink much or little, without the least injurious effect.

J. C. Hench, M. D.

*Uniontown, Pa.*

### Sewing Machines *vs.* Health.

Editors Medical and Surgical Reporter:

Allow me through your journal to direct the attention of the profession to the influence (if any) which the operating of sewing machines has upon the uterine organs.

The subject has been discussed by obstetrical societies, both in this country and abroad, and, like all subjects when first broached, elicited a variety of opinions.

Several gentlemen that took part in the discussion, and who made diseases of females somewhat of a specialty, were fully convinced that the effect upon females was very frequently injurious, and that the injury they inflicted was not confined to the feeble, but as frequently affected those most robust. In fact that the injurious effect was not in consequence of the severity of the labor, but that the motions in some way acted unfavorably upon the uterine organs.

Their evidence was derived, not only from individual cases that came under their immediate observation, but from the statement of females who had charge of a large number of machines operated by their own sex, that it was almost universal that the operators were unable to continue work during a part, if not the whole, of their menstrual period, and that the motion gave them severe pain in the back. This would indicate that the running of a machine did most decidedly affect the uterine organs.

The writer of this article has seen a few instances of ruddy healthy young women confined to their bed immediately after operating a sewing machine for a portion of a few days.

As diseases of these organs are evidently on the increase, it is desirable that this point should be settled by observation, and that the facts should be published. I would therefore solicit

from the readers of your journal the results of their experience. Enquirer.

*New York, March*, 1869.

P. S. Since writing the above, a gentleman, who employs a large number of girls, (some 70,) about equally divided upon sewing machines and other work, says that it was noticed that those who operated sewing machines were obliged to evacuate the bladder very often, while the others engaged upon other work were not affected.

### The Wisconsin Medical Law.

Editors of the Medical and Surg. Reporter:

I notice you are publishing in your very valuable journal the laws regulating the practice of medicine and surgery in some of the states, and thought perhaps you would like to give your readers the law of Wisconsin on this subject which is as follows:

Section 1. Section 14 of chapter 33 of the revised statutes, entitled "Medical Societies" is hereby amended, by adding thereto as follows: "but no person practising physic or surgery shall have the right to collect, in any action in any court of this state, fees for the performance of medical service, nor to testify in a professional capacity as a physician and surgeon in any case, unless such person shall have received a diploma from some incorporated medical society or college, or shall become a member of the state or some county medical society legally organized in this state.

Section 2. This act shall take effect and be in force from and after its passage and publication.

Approved April 8th, 1867.

L. M. Benson, M. D.

*Lowell, Wisconsin.*

### Action of the Heart in New-born Infants.

Editors Med. and Surg. Reporter:

In the Lying-in Ward of the City Hospital, on the 6th day of February, 1869, Margaret ——— gave birth to a female child, after a labor of an hour's duration. The child presented by the pelvic pole, and the pain succeeding the pain that expelled the breech, expelled the shoulders and head. The two pains, with the intermission, occupying not more than ten minutes.

While I was engaged with the child, the nurse removed the placenta, which was detached and lying in the vagina. The placenta was delivered and the cord tied within the space of three minutes after the birth of the child. Respiration not being established, I immediately made efforts to establish it, using all the modes the knowledge of which I was in possession of.

Noticing the regular and vigorous action of the heart, I entertained much hope of being able to resuscitate the child. My efforts continued eleven minutes, during which time the heart kept up the vigorous action that signalized it at the time of birth, and no perceptible effort at respiration was made in all this time. The heart, after acting eleven minutes, ceased to beat, and I relinquished my efforts at resuscitation.

Deeming this an unusual length of time for the heart to act independently of respiration, and thinking the fact, could it be established, would be of interest to many who have studied this subject, we proceeded to an autopsy of the case.

Two hours after birth, in the presence of several medical gentlemen, the thorax of the child was opened, and the heart and lungs removed. Upon inspection of the lungs, matter supposed to be tuberculous was found extensively diffused through both of them. On applying the hydrostatic test, they sank to the bottom of the vessel in which they were placed, and the expressed opinion of the gentlemen present was that respiration had never taken place.

The heart was examined, and the foramen ovule was found to be in existence.

W. Walling, M. D.,
Resident Phys., Louisville City Hospital.

## News and Miscellany.

### Anatomical Museums.

One of the most important duties of the new British Commissioner of Police will be to systematize and render effectual the powers of the law against flagrant violations of public decency. The so-called public "anatomical museums" exist only by the sufferance of the police. Lord Campbell's Act would suffice at once to destroy these haunts of pollution and mischief. We owe it to Mr. Knox that one part of London has been, to some extent, rendered less publicly obnoxious; and we hope that the omen is good in other respects—*The Druggist.*

### Poisonous Dyes.

It would seem that coralline is another of the substances to be guarded against, in using it as a dye for articles to be brought in contact with the human skin. A gentleman in France recently received a pair of stockings from an English friend, which had, upon a lilac ground, circular lines of silk of a brilliant red color. On wearing

these stockings, it was found that each of the red lines caused a decided painful inflammation of the skin, and a swelling similar to that produced by a burn. This was accompanied by a general sense of uneasiness, having the character of a feeble poisoning, which yielded in a few days to medical treatment. A careful analysis of the stocking showed that the red line of silk had been colored with coralline, a new coloring matter obtained from carbolic acid.

—— The Liverpool Health Committee has come to a practical resolution on the question of dealing with cellars unfit for human habitation. To avoid the expense which the complete filling up would involve, it is proposed that the doorways and stairs should be built up, and that the parts not filled up should be covered with a grating, the apertures in which are to be sufficiently small to prevent ashes or other refuse from passing through.

*[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

## MARRIED.

Benson—Barker.—In Chester Valley, Chester co., Pa., on the 28th of January, by the Rev. Edward P. Heberton, Charles W. Benson, M. D., of Littlestown, Pa., and Mary S. Barker, of Chester Valley, Pa.

Speedy—Sheridan.—Feb. 25, by Rev. Wm. A. Fleming, Mr. B. F. Speedy and Miss Mary E. Sheridan, daughter of Dr. C. Sheridan, all of Johnstown, Pa.

Vandyke—Vandyke.—In this city, on the 24th inst., at the residence of the bride's mother, by Rev. John Chambers, James M. Vandyke, M. D., formerly of Juniata co., Pa., and Miss Mary A. Vandyke, of Philadelphia.

## DIED.

Jones.—At Deerfield, Lenawee co., Mich., March 14th, Clara Amelia, wife of Dr. S. L. Jones, in her 26th year.

Oatman.—In New York, March 21, Harriet Jane, youngest daughter of Dr. J. S. Oatman.

Pittinos.—In this city, on the 23d inst., Philip Campbell, son of Dr. J. W. and Rena Pittinos, aged 2 years.

## QUERIES AND REPLIES.

*Dr. D. C. H.*—"Will you please tell me what is the best work on Diseases of Women, and the price?" We do not say that Thomas on Diseases of Women is the best. Price $6.00. But we advise you to get either it, or Tilt's Uterine Therapeutics.

*Dr. G. M. M.*—"Please answer me two questions.

"1st. What causes children to be left-handed, when both parents and grandparents are right-handed?

"2d. What is the best method of cure, or breaking them of it?"

*Dr. J. B. C., of Ky.*—"Is diphtheritis contagious?" We think it is; but who shall decide when professors disagree?

"May not the disease exist without manifesting itself in the throat?" Undoubtedly a disposition to the formation of false membranes by the exudation of plastic lymph may exist apart from any local disorder in the throat. It is too much a question of words whether this is diphtheria or not. See the Half-Yearly Compendium for January, 1869, *General Medicine*, p. 77.

### Treatment of Chorea.

*Messrs. Eds.*—I notice in your correspondent's list a query by Dr. T. B. P., of Pa., concerning chorea. I have had two cases, which I treated with c. tinct. physostigmata (Calabar Bean.) They were relieved in a very short time. One was complicated with acute rheumatism. Dose five drops three times a day, gradually increasing to ten drops. (See *Braithwaite*, No. 52, p. 62.) In the April number of the *Edinburgh Medical Journal* is a monograph on the physiological action of aconite, by Dr. Keith. There is a second paper, on aconite and digitalis, later in the year. [See *Braithwaite*, No. 57, (July, 1868.) p. 258, when it is reprinted.] I am afraid your Dr. does not take *Braithwaite*, or your own Compendium.

W. Read, M. D.,
873 Washington st., Boston.

*March* 20, 1869.

### Another Reply.

*Messrs. Eds.*—I see in the Reporter for Feb. 13th, an inquiry in your column for correspondents by Dr. T. B. P., of Pa., asking what more he could do with his case of chorea. As his case answers well to a case I had under treatment a short time since, in which the whole list of tonics, nervines, etc., was used without benefit, *cimicifuga* included, given in the form of a tincture prepared by myself as strong as it could possibly be made, and yet no effect was produced, and the patience of patient, parents, and physician was becoming rapidly exhausted, when the following prescription was made with the most happy result.

R. Quiniæ valerianas,
Ferri lactatis, āā 3j. M.

Ft. chart. No. 20.

Sig. One three times daily, about one hour after eating.

For the first four or five days about two grains of capsicum were added to each powder as a diffusible stimulant. After that, no more of the capsicum was given, and the recovery was rapid, the patient becoming rugged and hearty, and remaining so to the present time.

I. M. Downs, M. D.

*Dr. J. W. C., of Ark.*—"At what price can you furnish me the instruments, a picture of which you will find in Erichsen's Surgery, page 873, figure 341? It would have to be made to order, and would cost about $6.00.

*Dr. W. D. M., of Iowa.*—"Will you please answer through the Reporter the following. I have a case of a little boy with oblique inguinal hernia, congenital; is now two years old. The bowel came down on an average about once in three months, always easily reducible until Feb. 5th, when it appeared again, and could not be reduced. Tried chloroform, hot bath, nauseants, all without avail. Found gurgling the first time I touched it; none afterward. It (the tumor) presented no evidence of fluid; nor could consider it omentum. It was *very* tense; tension increased a *little* on bearing down; very little, if any tympanitic resonance. There were no symptoms of strangulation, but I felt uneasy continually, and kept trying to reduce it, being careful not to irritate, until Feb. 9th, when I fastened the scrotum up with adhesive straps, and left it. There were no distressing symptoms during its stay in the scrotum, which continued till Feb. 18th—*thirteen days*. On my calling that morning, I found it had entirely disappeared. He wears a truss, and there has been no recurrence.

"Was it bowel? Can the gut remain in the scrotum, and feel tense for that length of time without unpleasant symptoms (he had regular evacuations) and then return? If not bowel, what was it?"

## METEOROLOGY.

| March, | 15, | 16, | 17, | 18, | 19, | 20, | 21. |
|---|---|---|---|---|---|---|---|
| Wind..... | N. E. | N. W. | S. W. | N. W. | N. W. | S. E. | N. W. |
| Weather.... | Cl'dy. Rain. | Clear | Clear. | Clear. | Clear. | Cl'dy. Rain. | Clear. |
| Depth Rain.. | 4-10 | | | | | 3-10 | |
| *Thermometer.* | | | | | | | |
| Minimum..... | 29° | 20° | 25° | 19° | 26° | 27° | 23° |
| At 8, A. M..... | 33 | 25 | 32 | 27 | 35 | 43 | 27 |
| At 12, M..... | 30 | 31 | 37 | 37 | 43 | 46 | 30 |
| At 3, P. M..... | 30 | 32 | 37 | 38 | 45 | 49 | 33 |
| Mean..... | 30.50 | 27. | 32.75 | 30.25 | 37.25 | 41.25 | 28.25 |
| *Barometer.* | | | | | | | |
| At 12, M..... | 30.2 | 30.5 | 30.4 | 30.5 | 30 5 | 29.9 | 30.3 |

*Germantown, Pa.* B. J. Leedom.

JUNE 2, 1869

THE

# MEDICAL AND SURGICAL REPORTER.

No. 632.] PHILADELPHIA, APRIL 10, 1869. [VOL. XX.—No. 15.

## ORIGINAL DEPARTMENT.

## Communications.

### BIOGRAPHICAL SKETCH OF GENERAL R. C. WOOD, M.D.,

(Late Surgeon in the U. S. Army.)

BY SAMUEL W. FRANCIS, M. D.,

(Fellow of New York Academy of Medicine.)

Dr. WOOD was born at Newport, Rhode Island, September 1800, and died in New York city, March 28th, 1869, in the 69th year of his age. He was the son of JOHN and REBECCA WOOD, and had two sisters and three brothers. Much of his youth was passed at Newport, where his early education was advanced by select schools and private tutors. As soon as it became desirable for him to decide upon a business in life, he chose the medical profession, and for a time studied under Dr. WARING, of South Carolina. Making progress in the healing art he moved to New York city, where he at once entered the medical department of Columbia College, and, after attending in due form the lectures of Drs. VALENTINE MOTT, FRANCIS, MITCHELL and others, was formally graduated M. D. Dr. WOOD's medical career was not confined to one locality, but covered, at various periods of a busy life, a great portion of the United States. For one year he practiced at Utica, N. Y. May 22d, 1825, he entered the army. During his experience as a medical officer, we find him pursuing his vocation at Detroit, the Falls of St. Anthony, Prairie du Chien, Iowa, on the Mississippi river; Baltimore and Buffalo, and for many years he resided at Washington. In these cities he formed friendships which lasted through an honorable life, and added much to his pleasing meditations while reviewing the past.

This change of locality was in no respects due to a restless disposition, but arose from the nature of an army life. Vast indeed must have been the experience of a surgeon who had acted efficiently for over forty years; through the war in Florida, the Mexican war, and lastly as assistant Surgeon-general of the United States army during the war of the Southern Rebellion. For a brief period, just before the appointment of Dr. HAMMOND, Dr. WOOD held the responsible position of Surgeon-General U. S. A. During his official residence in the Western Department, his energy was untiring, and many wise and cautious suggestions relative to the transportation and treatment of disabled troops, saved life and gratified his kind and generous heart. As to the truth of this assertion, many of the residents of St. Louis, Missouri, and Louisville, Kentucky can testify.

In 1829 Dr. WOOD married a daughter of General ZACHARY TAYLOR, afterwards President of the United States, and had two sons and two daughters, one of whom married BARON GRABO, now Prussian Minister to South America.

It is not the purpose of this brief sketch to give the practical details of Dr. WOODS useful life, while a surgeon in the U. S. Army. The official records at Washington will do him ample justice as an able officer. But there were traits in his character too noble to be forgotten, too rare to be passed silently by. To be separated from one's family for many months, amidst the wildness and exposure of prairie life, far from woman's gentle sway; to be surrounded by the contaminating influences of a roving Western life, and still commune with God, and seek by the silent power of a good example to influence those around, are characteristics of the highest order, and give evidence of a strong mind, a firm will and a christian spirit. That life has not been useless when, at the end of an eventful record, the bereaved friends of the departed look up to him in spirit as an additional link to the holy truth "seek first the kingdom of Heaven." Most sincerely is it felt that Dr. WOOD has proved by his honorable career that it is possible to be pure in the vortex of politics, and that though it is good to be great, it is great to be good! Truly has he experienced as regards earthly success, that often in life the passing cloud saves one from sunstroke. With him religion was the color, but truth the light of the soul.

The soul admits of no vacuum; it must be filled either by God or Mammon. Dr. Wood felt this, for there was no room in his breast for wordly ambition. He has elevated the medical profession by a long and useful life, illuminated by religious faith.

## PARTIAL RECOVERY FROM APOPLEXY, FOLLOWED BY PARALYSIS.

By Frederick Horner, Jr., M. D.,

In January, 1853, Lieut. J. F. Miller, U. S. N., attached to the man-of-war Jamestown, lying off Buenos Ayres, was attacked with apoplexy. The seizure was at the breakfast table, with the following symptoms: A peculiar expression of astonishment, contortion of the facial muscles, falling from the chair, and with paralysis of the right side. After his removal to bed, the paroxysm lasted for three hours, with all the signs of active congestion of the brain. After copious venesection, and the exhibition of active cathartics, he was restored to consciousness, though unable to grasp the hand, and in a short while hemiplegia supervened, and one-half of the body, in the longitudinal direction, was completely paralysed.

This officer, the son of the distinguished Colonel Miller, of Lundy Lane memory, had been suffering for some time previous to his illness, amid the routine of naval duty, from great mental anxiety, and also from the effects of African fever, and from habitual constipation of the bowels, all of which had tended to impair his general health, and conduce to cerebral disorder. He was 53 years old. When sufficiently recovered from the effects of the attack, by order of a medical survey, he was recommended to be sent to the United States in the store-ship "Relief." The writer has failed to see the patient subsequently, but on examination of the "Naval Register" for 1869, finds the following record to occur: "Commodore J. F. Miller died at Charlestown, Massachusetts, July 11th, 1868." Thus, though disabled by paralysis, he lived for fifteen years after the first apoplectic seizure, and during this period was promoted to four different grades of the naval rank, (which ensured him an increase of pay,) viz., Lieut. Commander, Commander, Captain, and Commodore.

In *Woods' Model American Treatise on "Practice of Medicine,"* the pathology of apoplexy is said to depend "on pressure upon the brain originating within the cranium. The fibrin of the blood is diminished, and in general there is found to be an increase of the corpuscles. In one instance, the quantity of fibrin on the second day of the attack, was found to have fallen to 1.9, whilst that of the corpuscles has risen to 176.5." It would seem that the want of due proportion between the fibrin and the corpuscles may have been the cause rather than the effect of the apoplexy, and that the lesion which occurs in the vessels of the brain is due to ossification in the arterial coats, rendering them less able to resist the evils of active congestion. The paralytic symptoms may continue for years, and after convalescence from the apoplexy the mind appears weakened, the patient sheds tears, the memory is defective, and words are miscalled. This condition, Dr. Forbes Winslow in his work on "Obscure Diseases of the Brain," describes as one demanding the utmost care. The bladder is to be attended to, and absolute rest enjoined to promote the absorption of the blood which is effused upon the membranes, in the ventricles, or in the substances of the brain. Carpenter (Elements of Human Physiology) affirms "death to occur in this disease in the way of coma. The instinctive motions continue, and the stimulus conveyed by the pulmonary branches of the eighth pair of nerves still excites the reflex power of the medulla oblongata, which sustains the involuntary movements of the thorax."

The facts which are embraced in the history of Lieut. Miller's case, will encourage the practitioner to persevere in his efforts to relieve and to place under the most favorable circumstances for recovery this class of patients.

## OPERATION FOR IMPERMEABLE STRICTURE OF URETHRA.

By G. W. Burke, M.D.,

Of Sulphur Springs, Md.

W. S. McConkle, age 36, travelling agent of a wholesale boot and shoe house in Toledo, Ohio. "Sixteen years ago was riding a mild horse, and was thrown on my back, the foot of the horse striking me on the privates. I was carried home; parts swelled enormously, and became black; was confined to the house for six weeks, before being able to attend my business. At the age of 22, two years after, while riding a colt was thrown upon the horn of the saddle; parts swelled up and shut off the water, and it was with difficulty that the physician could introduce the smallest instrument to draw my urine.

For thirteen years have made use of an instrument to dilate the urethra to pass my urine on almost on every occasion.

On December 16th rode horseback twenty-nine miles; suffered severe pains during the trip, and up to December 22, tried ten times to dilate urethra as usual, before calling on a physician; I falled, and if not relieved must die. I called on Dr. —— in Anderson, suffering intense pain; had not passed water for fourteen hours. The Doctor put me under the influence of chloroform three times, and in his efforts to enter the bladder with a small catheter, made a passage into the scrotum; urine filled the scrotum, which was punctured, to let the urine escape.

Was sent on the morning of December 23d to Cincinnati, to a celebrated surgeon for relief. Remained in city over two weeks, being promised every day to be operated on by the surgeon. Was sent home by the surgeon telling me that my case was a bad one, and conveyed the idea that the operation would kill."

I was called to see him January 11th, 1869, suffering intense pain from retention of urine, caused by a stricture; pulse weak, tongue coated; restless and almost uncontrolable; pulling his hair, bed clothes, etc. I made an effort to introduce a catheter, but failed; ordered a hot bath, placed him in a tub of hot water, with the end of the catheter pressing upon the stricture. The bath had the effect to thoroughly relax the parts, and by withdrawing catheter urine followed in small streams about the size of small knitting needles. After he was relieved and placed in bed, I stated his condition, and the manner of his relief, and to consult his relations and friends in regard to operation. He made up his mind to undergo the operation, but wished to consult his Cincinnati surgeon. On the night of the 13th and 14th of January he could not void his urine; and was relieved as before by hot bath, and constant pressure upon the stricture with the end of the catheter. On January 15th he concluded to be operated on rather than die in his present condition. I called to my assistance Drs. W. F. Boor, S. Ferris and John Rea, of New Castle. On the morning of January 16th, day of operation, his condition was as follows: pulse weak, tongue heavily coated and inclined to dryness; no appetite, general health very much impaired and prostrated. Scrotum and testicles enormously swollen and indurated, considerable heat and pain in parts.

He was prepared upon the operating table as for lithotomy. Finding it impossible to introduce the smallest instrument into the bladder, while under the influence of chloroform, I introduced a No. 8 sound into the urethra down to stricture, which was about one and a-half inch from meatus urinarius. I intrusted the instrument to the care of Dr. Rea; I cut down upon the end of the instrument, laying open the urethra about one inch; I directed the sound to be pushed on if possible, but we failed in passing it further than my incision. Another incision of about two inches, when I opened a urethral abscess, and finding it impossible to advance the instrument further than my incision, I continued my incision to the prostatic portion of urethra; cutting the stricture produced a sound loud enough for attendants to hear, and the sensation to myself as though I was cutting a green pear. I introduced, after some difficulty a No. 8 silver catheter, and escaped through and around it three pints of urine. After being thoroughly cleased he was placed in bed on his right side, with catheter in bladder, and wound brought together by compresses, lightly applied, with thin slice of elm bark between the two sides of wound, extending the whole length.

January 17th. Rested well during night; wound looks well; left testicle swollen; wound was dressed with elm mucilage.

4 P. M. Tongue dry and coated; gave comp. cath. pill.

January 18th, 8 A. M. Rested tolerably well during night; wound looks well; pulse weak, tongue dry and inclined to redness; appears prostrated, urine running from catheter continually or by drops. Some pain in bowels; bowels not moved since 14th; gave him flaxseed tea and elm water; left spermatic cord painful and swollen in the testicle; applied tinct. iodine diluted.

2 P. M. Rested tolerable; some nausea; gave seidlitz powder.

January 19, 8 A. M. Very restless during the night; pain in bowels and swollen; pulse weak and regular; tongue moist, some appetite; wound looks well. Testicle and cord not so painful; pain over region of bladder; continued dressing, and application of iodine.

4 P. M. Erysipelas over pubic region and left side; operation on bowels; urine passing by catheter.

Jan. 20 8, A. M. Pulse 90; tongue moist and coated; erysipelas extending; continued application of tinct. iodine undiluted; gave tinct. ferri chloridi, gtt. x. every four hours; quinine, gr. iij., chlorate potass., gr. iij., powd. opii, gr. ¼. M.; one every four hours. Opened abscess in left side of scrotum.

21st, 8 A. M. Pulse 84; tongue dry and coated; wound discharging; left side of scrotum discharging pus; erysipelas extending up over abdomen and right side; continued treatment.

22d, 8 A. M. Pulse 90; tongue moist and brown coated posteriorly; bowels moved free last night; continued treatment.

23d, 8 A. M. Pulse 75; tongue moist posteriorly, and dry tip; erysipelas extending up as far as short ribs, and is now arrested; continued treatment.

24, 8 A. M. Pulse 70; tongue moist; rested tolerably well during night; appetite good; some pain about neck of bladder, a sensation of roughness; urine does not run free from catheter; pain in hypogastric region and swelling; catheter removed and cleaned, and returned without any pain or difficulty; catheter did not cause any pain or uneasiness from the time it was introduced up to this day.

25th, 8 A. M. Pulse 65; tongue inclined to dryness, urine passing through the catheter; rested well during night; has taken considerable nourishment; appetite good; wound looks well; swelling in left hypogastric region subsiding; continued treatment.

26th, 8 A. M. Bowels moved free during night; considerable pain and griping during operation; pulse 61; resting well; continued treatment.

27th, 8 A. M. Rested well during night; everything progressing favorably; is not taking medi cine.

28th, 8 A. M. Tongue red and moist; pulse 75; bowels moved free.

29th, 8 A. M. Rested well during night; continued treatment.

3 P. M. Complained of pain about neck of bladder; removed catheter, cleaned and returned it; urine passed free; appetite good; tongue red and moist; continued treatment.

30th, 8 A. M. Rested well during night; feels strong; appetite good; pulse 69; tongue red and moist.

Removed catheter at 9 A. M.; replaced it at 12 M., being out three hours without any uneasiness or pain; returned it; drew off urine that had accumulated in three hours.

31st, 8 A. M. Rested well during night; tongue red and moist; appetite good; wound discharging but little; abdomen swollen; removed catheter for two and a half hours, and returned it without difficulty or pain.

Feb. 1st, 8 A. M. Tongue red and moist; pulse 69; abdomen swollen; some tympanitis; wound looks well; urine passes by urethra; small opening in penis not closed, other parts of the wound healed; opening in penis was closed by wired sutures; bowels move regular; rests well; appetite good; gave turpentine emulsion.

2d, 8 A. M. Rested well during night; tongue moist; bowels not swelled so much; no pain; appetite good; continued treatment.

3d, 8 A. M. Rested well during night; passes urine without aid of catheter; tongue moist; appetite good, and feels well in every respect.

4th, 8 A. M. Sitting up in arm-chair; walking about room; feels well, excepting being very weak in his legs; wound was entirely healed upon Feb. 10th.

The diet throughout has been light drinks of a bland character; wound washed three times a day with Castile soap-suds, and no dressing applied but mucilage of elm bark.

Patient has been introducing catheter every day since he has been walking around, and finds no difficulty in introducing it or withdrawing it. In the operation I had no guide to cut on; but had as my guide the raphe. The depth of incision of scrotum was three and a half inches, splitting the septum scroti. I had all to contend with that our authorities mention, in regard to introducing the instrument into the bladder after the operation.

# Hospital Reports.

Jefferson Medical College,
*Philada., Oct.* 24, 1868.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

### Paraplegia.

This patient received an injury to his back last April by the passage of a wheel of a wagon over him. For two months after, he had retention of urine, and his lower extremities have been paralyzed since the accident. He has sensation in the soles of his feet but not as perfect as before, especially not in the right. He is troubled by creeping sensation in the right leg. He has been recovering gradually. Has now perfect control over the bladder, is obliged to pass water every two hours. There is a white sediment in the urine, a phosphatic deposit. His sexual powers are not as active as they use to be. It is presumable therefore that the nerves supplied by the spinal cord to the genital organs are affected. A man may have perfect paralysis of the inferior extremities, so he cannot move his limbs in the slightest degree, and yet he may not be impotent. This is a fact of great interest from a medico legal point of view.

Various remedies have been tried without any material relief, though he is gradually recovering. The question is, can he recover entirely?

Is the paralysis dependent upon an effusion of blood in consequence of the injury, upon an effusion of serum or sero-plastic matter, or upon depression of bone? All these are questions which naturally spring up.

If the paralysis depended upon depressed bone, he would not be gradually recovering the use of the muscles of the extremities, for he has more power now than he had a few months ago. From the immediate appearance of the symptoms it is probable there was an effusion of blood at the moment of the injury, and that some of the blood remains at the seat of injury, keeping up the compression upon the spinal cord, and the consequent paralysis of the inferior extremities.

The patient was placed under chloroform, and the actual cautery applied to the lumbar region, as nearly as possible to the seat of injury to establish a large issue and set up pyogenic action. The probability is that unless resort is had to a remedy of this kind, calculated to make a powerful impression upon the part and system, he will never regain the use of the inferior extremities. Professor Gross has repeatedly seen great benefit from this application in similar cases. The use of a blister or of tincture of iodine would be of no avail. Electricity might be used but with no particular advantage. There is nothing equal to the establishment of a large issue, keeping up a discharge more or less profuse for several months. His appetite and general health are good. There might be given small quantities of one of the iodides with minute doses of the bichloride of mercury, to stimulate the absorbent vessels at the seat of the injury.

When the actual cautery is applied to establish an issue, it should be heated to a white heat. It is only necessary to penetrate the skin and connective tissue below. When the object is to arrest hemorrhage, the actual cautery is applied heated to a black or greyish heat, as destruction of the tissues is not then aimed at.

Cloths wrung out of cold water were applied immediately after the operation, to be followed by an emollient poultice. As soon as the eschar is detached, the surface will be sprinkled with a little strychnia, one eighth of a grain, increased to one-fourth or even one-half of a grain.

### Re-amputation of Fore-arm.

Charles R. æt. 38. This patient lost his right fore-arm in firing a salute last Fourth of July. Amputation was performed immediately after the accident. The end of the stump is exquisitely sensitive, and there is a scar which lies immediately over the interior extremity of the ulnar and radius, more over the former than the latter. The limb is œdematous, showing there is morbid action going on.

The difficulty probably arose from the fact that there was not sufficient integument left; the bones were not cut off high enough, or the skin was cut off too much. At all events, the bones were not sufficiently covered. This happens occasionally in the hands of the best surgeons. It is sometimes occasioned by gangrene or mortification supervening, especially when the amputation is performed in consequence of severe injury, in which event, the shock communicated to the bones and soft parts sometimes extends far beyond the apparent seat of injury. In such cases, the surgeon who is anxious to save structure, may be much deceived and disappointed in the result, so as to render a subsequent operation necessary.

It is proposed, in the case of this patient, to cut out the cicatrix, to dissect off the soft parts from the bones, and then to saw off the bones or to cut them off with the plyers. Thus a better stump will be made. The neuralgic pain he experiences is owing to the fact that the nerves of the stump are in a state of inflammation and enlargement, producing great suffering.

Previous to the operation the part was shaved. This procedure is always important in extirpating tumors, in ligating arteries, and in amputations, inasmuch as it is necessary to employ adhesive plaster. It is of the first moment in regard to the comfort of the patient and the well-being of the part, that this precaution should be attended to.

The patient was placed under chloroform, and the operation performed as indicated. Some very hard tissue was removed, which may have been the cause of much of the trouble.

### Ranula.

Mrs. Lucy ——, colored, æt. 19. This patient, about three months ago, first noticed a swelling under the tongue. It sometimes shrinks up, and becomes smaller. It interferes with her talking, and prevents her from chewing solid food.

Immediately underneath the tongue, and behind the incisor teeth, a small tumor it situated, which moves with the tongue. It lies in the direction of the sublingual gland, and constitutes the disease known under the name of ranula, so-called, either because the vesicle or tumor resembles the belly of a tree-frog, or because when the tumor is of large size, the patient's voice assumes a croaking character. It is a cystic tumor, formed by the obstruction of

the orifices of the canals which serve as outlets to the salivary fluid secreted by the sublingual gland. In consequence of this obstruction, the secretion of the gland accumulates, and in this way a cavity or bag results, which is called ranula. The tumor contains nothing but vitiated saliva. If it be cut into so far as to afford an opportunity for the contents to escape, it will be found that they are exceedingly ropy, like thin glue. This is a hypertrophic tumor, formed out of pre-existing tissue. It is not a new formation at all.

Such a tumor must interfere more or less with articulation, mastication, and deglutition; in other words, with the motions of the tongue, and in this way become a source of great embarrassment to the patient. Nor is this all. It may by its pressure upon the teeth alter their natural relation, and even produce a certain effect upon the shape of the jaw-bone. Taking these facts into consideration, it is best to get rid of this affection as early as possible.

There are several methods of operating for the cure of ranula. One consists in removing a portion of the cyst wall, by means of a pair of forceps and scissors, and in this way allowing the contents to escape, the wound healing from the bottom by the granulating process. Or, instead of this, a seton may be introduced; or, some irritating fluid injected, as dilute tincture of iodine, nitrate of silver, or bichloride of mercury, on the same principle as these fluids are employed in a case of hydrocele, where it is designed to obliterate the cavity in which the water of hydrocele is contained.

A portion of the mucous membrane was dissected out with a pair scissors. The operation was very simple, and not at all painful. The parts will heal from the bottom.

### An Unfortunate Man, and Singular Case.

A correspondent of the Zanesville (O.) *Courier* writing from Putnam, Ohio, says: "We have a man here who has broken both arms, four ribs on one side and two on the other, both ankles out of joint, one leg, jaw bone, and both collar bones broken, and has lost his sight, all entirely by accidents, and is still able to be about."

If the above is a true record, it should devolve upon some competent physician to give a medical journal a history of so extraordinary a case.

Mr. Augustus H. Ward, of Cincinnati, left by will, among other bequests, $3,000 to the Society for the Relief of Widows and Orphans of medical men.

# Medical Societies.

## PROCEEDINGS OF THE NEW YORK MEDICAL JOURNAL ASSOCIATION

March 12th, 1869.

The subject for the evening's discussion was a paper upon the "Physiological History and Therapeutical uses of Pepsine" by Dr. James S. Hawley, of Brooklyn. The Doctor remarked that the primary object of this paper is to bring together in a compact and available form what is known of pepsine physiologically and therapeutically. Until a very recent date pepsine has been most laboriously and carefully studied, chiefly from a physiological stand-point, and our knowledge in this direction is therefore most accurate and full. The fact that food taken into the stomach was reduced to a pultaceous condition by a solvent fluid poured out from the walls of the organ, was demonstrated in the latter part of the 18th century by the experiments of Reaumer and Spalanzani. Previous to that time the contractile movements of the stomach were supposed to be the chief agents in the digestive function. This discovery gave a new direction to investigations, and soon after it was ascertained that the gastric fluid digested only a portion of the aliment taken in the stomach, viz., the albuminoids. The gastric fluid, therefore, although the *principal*, is not the only digestor. The composition of this solvent fluid remained for some time in doubt, but we now know that is a compound agent, the most important elements of which are a peculiar organic substance called pepsine and an acid secretion. The composition of the acid factor has long been a subject of dispute, but the most recent researches tend to confirm the idea of Prout, who believed it to be hydrochloric acid; while others. perhaps the minority, still hold that lactic acid is the natural acid of the stomach. The organic body or ferment, is in itself destitute of digestive power, its activity being developed only by the addition of acid. Experiment has proved that any acid will render pepsine active, and we may therefore infer that the acid component is not necessarily the same under all circumstances in the living organism. The proportion of pepsine in the gastric juice is very small, as nearly as can be estimated not over 17 parts in 1000. A small amount of pepsine will therefore give digestive activity to a very large quantity of acidulated fluid. Pepsine is a protein body, and differs from other subtances of the same class in con-

taining a larger percentage of nitrogen. It differs from albumen in not being precipitated from its solutions by the same reagents. It is entirely soluble in cold water from which it may be precipitated by alcohol and the salts of lead without impairing its activity.

Temperature has a remarkable influence upon the digestive power of pepsine; low temperatures suspend its action, while high temperatures destroy it altogether. It acts most vigorously at about the natural temperature of the body; above this point it becomes for a time more energetic, but finally reaches a point where it is entirely destroyed. The temperature of total destruction is supposed to be about 120° Fah. Certain substances also suspend its digestive power. Among these are alkalies, strong alcohol, and concentrated acids.

Bile completely and permanently destroys its activity. Pepsine differs from other organic substances in not being prone to putrefaction, and will even arrest the putrefactive changes going on in other substances.

The manner in which pepsine effects the solution of albumen is not definitely settled. It would seem not to be a purely chemical process from the fact that the resulting albuminose or peptone does not differ in chemical composition from albumen, and further from the fact that the pepsine still remains after the act of digestion has been completed, so that neither substance is destroyed, and no new body formed, as is the case in chemical combination.

Dr. Brinton believes the change effected in albumen by the action of pepsine to be of the nature of hydration, *i. e.* that the albuminous solution is a hydrate of albumen, brought about by the action of the pepsine producing a *chemical union* of *low grade*, without altering the composition of either substance, and yet conferring new qualities.

Professor Dalton regards the process as one of catalysis; the contact of the pepsine with the food inducing a change of quality by a new molecular arrangement without alteration of composition. When an acidulated solution of pepsine has digested all the albumen it is capable of, or in other words is saturated, the resulting peptone or albuminose can be separated by dialysis and the same pepsine will again digest another equal amount of albumen, and this may be continued indefinitely. This is supposed to take place in the stomach, the organ acting as a dialysor, and setting free the pepsine to be re-acidulated and to enter anew into combination with fresh portions of albumen.

### Therapeutical uses of Pepsine.

The use of this substance as a remedial agent preceded the physiological knowledge of its existence. Infusions of stomachs were in use in the time of Galen, and the coagula found in the stomachs of sucking animals were prescribed in the Pharmacopias of the 18th century. The lining membrane of the chicken's gizzard remained officinal up to 1746, and is even now extensively used as a domestic remedy for dyspepsia; but Dr. Corvisart was the first to develope the happy thought of aiding nature in her embarrassments by the use of her own agents. As a foundation for his clinical observations, he lays down the following rules or propositions.

1st. That aliment is an inanimate substance without nutritive power, *per se*, and without the aid of digestion it would not prevent starvation. Digestion alone gives it vital fitness and the capability of supporting life.

2d. The only thing necessary to produce this transformation of aliment into nutriment is acidified pepsine.

3d. That under the influence of this acidified pepsine, nitrogenous aliment undergoes the physical, chemical, and organic changes that they would under the influence of the gastric juice in the stomach itself.

4th. Artificial pepsine, aside from a different degree of force, is identical in effect with the gastric juice within the stomach, that is to say, its digestive power is always exerted in a similar manner. Further, if digestion by the aid of pepsine can be successfully carried on in an inert bottle or pouch, then so much the more in the living stomach which imparts in addition the natural motion and heat, although it may not itself secrete the digestive principle. The last general proposition of Corvisart sums up the whole subject. He says if there is but one agent for producing digestion, under the influence of which aliment is made assimilable, and that by the aid of pepsine we can transform aliment into nutriment, we ought to be able by the use of the same agent to cause those to digest whose stomachs by a vice of secretion are deprived of this agent, this vital force which indispensable.

In support of these propositions and conclusions, Dr. Corvisart cites a number of cases derived from the practice of distinguished confrères, all of them having well marked symptoms of chronic dyspepsia, and all of them cured or very materially benefitted by the judicious use of pepsine and hygienic management. The following well marked case illustrating the same

facts is kindly furnished by Dr. Sandford, of Brooklyn.

Mr. S., æt. 35, called on me August 1st, 1863, complaining of very severe pain after meals, lasting sometimes for hours, and a sense of weight in the region of the stomach and other symptoms indicative of dyspepsia. Some five months before, he had been confined to his room for three months by a wound of the ankle, which, with his attacks of indigestion, had reduced him considerably. His surgeon had prescribed various tonics for him, none of which produced any benefit so far as regards his old disease, which he said had troubled him for years. Since resuming his business, he found that he did not gain the flesh lost during his confinement by the injury. As he was about to return in a day or to the country, where he was at present occupied, I ordered two ounces of American pepsine, to be taken with him, of which he was to take twenty grains before *each* meal. Knowing him to be a careful and temperate man, I gave no especial directions in regard to diet, leaving that to his own judgment. He was to report to me after he had consumed the two ounces. I heard nothing from him until December 1st, when I met him looking like a new man, when he joyfully expressed himself as feeling entirely well. I could attribute this favorable result to the pepsine only, since there had been no change in his diet or general manner of living, and no other remedy had been taken. He was not even able to take the usual amount of exercise necessary in such cases, as his foot still troubled him.

Dr. Harley related a similar case occurring in his own practice. In addition to the gastralgia, there was diarrhœa provoked by the presence of undigested food. Pepsine combined with subnitrate of bismuth, effected a speedy cure. These cases, which are but types of many of a similar kind, illustrate the ordinary and well known effect of pepsine in common chronic dyspepsia due to impaired tone of the stomach, and consequent vitiated or diminished secretion of gastric fluid. Some are prone to cast contempt upon the use of pepsine as a remedy, in consequence of the small quantity given in comparison with the large amount secreted by the stomach. Bearing in mind the physiological fact that a very small amount of pepsine may give digestive energy to a large amount of fluid, the force of this objection becomes very materially weakened. It is not only possible, but indeed highly probable, that the same pepsine may accomplish repeated digestions after successive absorptions of the resulting peptone by the gastric walls. Moreover it is not necessary to suppose that pepsine relieves indigestion only by as much as it digests food, we have reason to believe that it also exercises an indirect influence in restoring innervation, and thus, functional activity. That pepsine has an influence upon digestion, far beyond its simple power to digest, is made apparent by clinical observation. A single quotation coming from a source high enough to give it the weight of evidence upon this point, will suffice to prove this view of its action.

Dr. Lees, physician to the Meath Hospital, Dublin, says "where there is a disgust for food, you will find much benefit from pepsine, which generally causes an appetite." Had this been said of iron, quinine, or nux vomica, we should have regarded it as so much evidence of their tonic effect, and why not so in the case of pepsine? Another use for pepsine, and one which undoubtedly is followed by success, is in the vomiting of pregnancy. Corvisart early called attention to this fact, and cites a most remarkable case where the use of pepsine subdued the vomiting after the patient had been reduced to such a degree of emaciation that she resembled one in the last stage of pulmonary consumption.

Dr. Gross relates six other cases followed by similar results, and believes the conclusion warranted, that pepsine exercises a controlling influence over the vomiting of pregnancy. In my own practice a case recently occurred favorably illustrating this part of my subject. Mrs. C., in the early stage of her first pregnancy, found herself unable to retain even the blandest articles of food. I prescribed ten grains of American pepsine three times a day. Visited her on the following day, and found that the vomiting had ceased after taking the first powder. And so far as I can learn, it has not since returned.

The next use of pepsine to which I wish to call attention to is in the diarrhœa of infants. Premising that the great predisposing cause of infantile diarrhœa is to be found in the state of evolution which the digestive system and its dependencies are undergoing during the period of dentition, the question of therapeutics becomes one of comparative simplicity. The evident duty of the physician is to allay that irritation of the organs which exhibits itself in vomiting and purging, first, by the removal of all extraneous causes of disturbance, such as food improper in quantity or quality, and by protecting the skin from too sudden and frequent changes of temperature. Secondly, to subdue the excitement which the foregoing causes may have induced, which, in the enfeebled condition produced by the

transition state, are more liable to persist; and, lastly, to impart to the struggling and overtaxed digestive apparatus that assistance which shall enable them to convert food from the character of a foreign body, and therefore an irritant material into nutriment which will sustain the natural forces, and enable them to accomplish successfully the great and necessary evolution through which they are passing. In this condition, owing to the want of balance in the system, there is constant danger that the ingesta may be converted into irritating substances, simply because there is not tone enough in the stomach to convert them into nutriment. Not only this, but the food, unable to sustain, may, in addition to acting as a foreign body, undergo putrefactive changes, and thus add another morbid cause to those already existing. In these cases the very function which is partially or totally suspended we can assist, and the very strength which is exhausted we can supply. By the administration of pepsine we reach at once the essence of the difficulty, by *its aid we convert the ingesta into nutriment, and give the overtaxed stomach the first thing needful—rest.*

Dr. Hawley illustrated this most important portion of his paper by a large number of well chosen cases, some of which have already been published in the Reporter, in an extract from his essay upon "The Use of Pepsine in the Diarrhœa of Infants." The evidence of the efficacy of pepsine in these cases is too abundant and favorable to be called in question. A judicious selection of the case in which the diagnosis admits of tolerable certainty, and a fair trial of the remedy almost invariably results in a cure.

Another valuable use to which pepsine may be applied is as an adjuvant to other remedies in the treatment of disease, especially in combination with cod-liver oil in cases of pulmonary tuberculosis and other developments of scrofulous or tuberculous diathesis. In these cases the oil is tolerated by the stomach, and there is less tendency to nausea. I have not, up to the present time, used it for this purpose, but have been informed by competent and careful observers, that much success has followed its administration in such cases.

The last use to which I will call attention is in the promotion of alimentation in disease. In a very able paper by Professor Austin Flint upon this subject, recently read before the County Society, we find the following sentence. "The limitations to alimentation in disease relate wholly to the physiological processes which are preliminary to nutrition, namely, *digestion* and the other processes by which aliment is converted into food." We infer, then, that to whatever degree starvation may be a cause of death in disease, to whatever extent disease may overwhelm the powers of life in consequence of *insufficient* nutrition, to that degree and to that extent is artificial digestion important.

The only question remaining is whether artificial digestion can be successfully accomplished by the administration of pepsine. Undoubtedly it can. This is now a matter of recorded experience sufficiently extensive to remove all doubt. The Doctor here cited several cases from Corvisart and Rilliet, illustrating the successful use of pepsine in alimentation in typhoid fever. A well marked case from the practice of Dr. Sandford, of Brooklyn, was also read, showing its favorable effects in a little patient greatly reduced by scarlet fever and subsequent capillary bronchitis. In this case the stomach refused to retain the ordinary sustaining aliment, such as beef-tea, milk, etc., so that after the force of the pulmonary disease had abated, the child seemed likely to starve from inability to retain nourishment. Pepsine, given frequently with meat-broth, finally restored the digestive power, and from this point the child rapidly convalesced. Dr. Hawley cited another case, occurring in an infant but two weeks old, unable to retain its mother's milk, and rapidly wasting away from inanition. Three grains of pepsine given with half a teaspoonful of the mother's milk with great frequency, finally accomplished a cure.

Dr. Hawley, in conclusion, remarked that the therapeutical value of this remedy was not limited to the diseases already referred to. Its range is wider, and each practitioner bearing in mind the fact that it is more an *aid* to nature, than a *remedy*, will find various circumstances in the course of disease in which its use will be suggested, and especially where the treatment is *restorative*, there will pepsine at some point or other aid in the cure.

Dr. P. K. Chambers, in speaking of a case of anæmia following indigestion and general disgust for food, in which a cure was effected by the use of pepsine, says, "It would be easy to cite cases where drugs had effected the same purpose, but I chose rather to select an instance of the simplest form of restorative treatment, in order to direct the reader's thoughts to the true theory of healing."

A good deal of dispute has arisen concerning the usefulness of pepsine as a remedy, from the fact that many specimens possess no digestive power whatever, and thus in certain quarters the

virtues of pepsine have been called in question. Not only this, but it has often been given in unsuitable cases, and impossible expectations have been founded upon it.

Dr. Pavy, in speaking upon this point, says that he examined several specimens of pepsine obtained from the first pharmaceutical establishments of London, and found nearly all of them quite inert. Dr. Pavy indeed ventures to say that the bulk of the pepsine dispensed in that city is destitute of digestive power. It would appear, therefore, that the successes and failures attending the introduction of pepsine into the materia medica are easily reconcilable. The successes have been read, and are in accordance with physiological reasoning. The failures are to be attributed to extravagant expectations, improper use, and inert pepsine. It is believed that the physiological facts and reasoning set forth in this paper are sufficient to prevent a repetition of the former, and the production of a domestic and efficient pepsine may obviate the latter cause of failure.

The article called American pepsine is a true representation of the gastric fluid obtained from the stomach of the calf, and prepared without the aid of heat. Its strength is uniform, and its merits are apparent from repeated experiments in which thus far it has proved superior in digestive power to any other preparation of the same kind. I do not, therefore, hesitate to recommend American pepsine as a reliable substitute for similar preparations of foreign production.

After a short discussion, chiefly upon the nature of the natural acid of the stomach, the Society adjourned. M.

### Intoxicating Drinks in the United States.

An exchange says: The use of intoxicating drinks in the United States has recently been the subject of an extended investigation by a physician of St. Louis, Missouri, who has published the results of his inquities. From these statistics it appears that out of every 300 men in the United States, 122 never drink spirits, and 178 drink to various degrees of intoxication. Of these 178, it is asserted that 100 drink moderately, but not to intoxication; 50 are ephemeral drinkers; 25 drink periodically, called "spreeing;" and 3 are habitual inebriates. This gives one confirmed inebriate to every 59¼ of men who use spirits. Of 700 women, 600 never taste alcohol in any form; 30 taste wine occasionally; 17 taste ardent spirits; 36 drink ale or beer constantly; 14 drink ardent spirits periodically, and 3 are habitual inebriates.

# Editorial Department.

## Periscope.

### Vaccination.

The increasing frequency and virulence of small-pox in this country is becoming only too evident. The causes of this have been pointed out various times in this journal, and it gives us pleasure to quote from the *N. Y. Nation* some excellent remarks and carefully prepared statistics on this subject. It remarks:

"It is about seventy years since Jenner, after an extensive course of study and experiment, extending through twenty-five years, published his great discovery of vaccination, with a religious faith not only that the process would be to every one subjected to it a perfect protection against the small-pox, but that this disease, then the most dreaded and destructive of all that afflict mankind, would be fairly exterminated from the earth. At that time the annual death-rate from small-pox in England was estimated at 3,000 in the million of population. In other countries of Europe the rate varied, in some cases rising to 4,000, and probably in no instance falling so low as 2,000 in the million. These, the fatal cases, should be multiplied by five or six, as nearly as we can compute, to give the entire number of subjects annually attacked by the disease. This loss of life is appalling. The loss of time, in cases not fatal, is something harrowing to the mind of the economist. But this is not the whole of the black story. It was estimated that two-thirds of the indigent blind in London had lost their sight by small-pox. The number of hopelessly deafened ears, crippled joints, and broken-down constitutions from the same cause, perhaps, cannot be reckoned, but it was certainly very large. Anybody who escaped from the disease without painful disfigurement of the face, was called fortunate. Although it may seem unworthy to be mentioned in this connection, the mere detsruction of clothing and utensils for the prevention of infection in so many thousands of cases, must have formed no inconsiderable part of the waste of a nation. In those days, whatever a man might do, whether he would abide at home or travel abroad, by land or by sea, in summer or in winter, so long as he had not paid toll to the great pestilence, and bought his freedom from it, it rose as a bugbear before him in every direction. Now it is well to recall such facts as these; the nineteenth cen-

tury, in the comparative immunity it has enjoyed, is apt at once to forget the horrors from which it has been delivered, and to neglect the only means of protection against their return. Let us see what change has been effected by vaccination, where it has been most thoroughly done, and its results have been most carefully observed and recorded.

This summary of English experience does not exhibit an extreme case, but it is especially instructive by its progressive character:

| Periods Compared. | *Annual Deaths by Small-pox in England and Wales.* | *Annual rate per million of the Population.* |
|---|---|---|
| 1. Average of 30 years previous to introduction of vaccination, estimated by Dr. Lettsom and Sir Gilbert Blane.. | ..... | 3,000 |
| 2. Average of 3 years (1838-40,) when vaccination had become to a great extent diffused, but before any public provision was made for its gratuitous performance..... | 11,944 | 770 |
| 3. Average of 9 years (1841-53,) when public vaccination was gratuitously provided, but vaccination was not obligatory..... | 5,221 | 304 |
| 4. Average of 12 years (1854 65,) during which vaccination has been to a certain extent obligatory..... | 3,967 | 202 |

In some countries where vaccination has been compulsory, and has been performed with conspicuous thoroughness, a very much nearer approach has been made to the fulfilment of the Jennerian aspiration, the extinction of small-pox.

"In Copenhagen, in twelve years before the introduction of vaccination, 5,500 persons died from small-pox; from the year 1802 to 1818, a period of sixteen years after vaccination had been peremptorily insisted upon, only 158 persons died of small-pox over the whole of Denmark."

In Copenhagen, for thirteen years, not one fatal case of small-pox occurred; the same was true, for eight years, in so large a population and territory as that of the Grand-Duchy of Baden.

For a striking example, look at the experience of the well-vaccinated British army for twenty years, from 1817 to 1836 inclusive. In dragoon regiments and Guards, with an aggregate strength during that period of 44,611 men, and a total mortality of 627, only *three* deaths were from small-pox.

Among the troops at Gibraltar, the aggregate strength being 44,611 men during that period, with a total mortality of 1,291, only *one* death from small-pox occurred.

In the West Indies several epidemics of small-pox prevailed during the period, but there were *no deaths* either among the British or white troops, of whom the aggregate strength was 86,661, with a total mortality of 6,803. Among the black troops on the same station, with an aggregate strength of 40,934, and a mortality of 1,645, there was not *one case* of small-pox.

At Bermuda, Nova Scotia, New Brunswick, Cape of Good Hope, and the Mauritius, not a death from small-pox occurred during the twenty years mentioned; and the white troops of Western Africa wholly escaped this disease, while the black unprotected population were dying by hundreds.

These may serve as samples of statistics that might be multiplied by hundreds. Let it not be supposed that this amazing saving of human life has been at the expense of an increased mortality from any other disease. On the contrary, and notwithstanding the dire threats of '*Lues Bovilla*' and '*Facies Bovina*,' fulminated by the early opponents of vaccination, the better we become acquainted with that discovery, the more purely beneficient does it appear to be. Thus it is noticeable in those countries where vaccination has been most thoroughly practised, that, leaving small-pox out of the question, there is a diminution of the death-rate from other causes; and this is so striking in the case of two of the most important classes of diseases, viz., scrofulous affections and continued fevers, especially typhoid, that some medical statists have attributed to vaccination an indirect protective agency in this regard.

Why is it, then, in the face of these facts, that small-pox still, occasionally and within certain limits, ranges to the extent of an epidemic, so that, in popular esteem, vaccination has ceased measurably to afford its old protective power? Some of the best of the heads that study—like that, for instance, of John Simon, 'Medical Officer of Her Majesty's Privy Council'—have been for years working insatiably at this question, and have answered it completely, with an array of figures which to doubt would be to fly in the face of the multiplication table. 'Wheresoever vaccination falls into neglect,' cries Mr. Simon from his mountain height of statistics, 'small-pox tends to be become again the same frightful pestilence it was in the days before Jenner's discovery; and wheresoever it is universally and properly performed, small-pox tends to be of as little effect as any extinct epidemic of the middle

ages.' Dr. Jenner inculcated, and his immediate disciples observed, certain conditions of thorough and successful vaccination, which have of late been forgotten or neglected, to the great detriment of the public health. The apparently trivial character of the operation has led to its slovenly and ineffectual performance. The most important of these conditions is that the vaccine lymph, just at the period of its perfect elaboration, should be transferred directly from the yielding arm to the receiving arm. In this country this plan is followed in probably an insignificant proportion of cases. The use of dried lymph, of varying degrees of activity down to complete inertness, is the rule, and here, apparently more than in England, is Mr. Simon's assertion true, that millions of vaccinations have been performed with lymph which had lost its original power, with a resulting partial or total failure of protection.

Here, the medical practitioner, especially outside of large cities, is often at a loss to obtain any form of vaccine lymph. In England the National Vaccine Establishment has been, ever since 1808, a trustworthy and accessible reservoir of the virus, and its beneficent operations are well marked in the statistics already referred to."

### Hemorrhage after the Extraction of a Tooth.

Mr. R. M'Kissick, of Penningtonville, Pa. sends to the *Dental Cosmos* the following case.

A gentleman in delicate health requested me to call at his residence, and extract a tooth from which he had been suffering very much for some days. I found a severe case of periodontitis of the left inferior wisdom tooth, the side of the face and neck considerably swollen, and the jaws rigid. The tooth was extracted with but little difficulty; the bleeding was profuse, but not more so than generally follows the extraction of a tooth when similarly affected. It soon subsided.

On the evening of the fifth day after the tooth had been extracted, bleeding commenced, and continued very much until next morning, when I was notified of the fact. The hemorrhage was easily arrested by plugging the cavity tightly with cotton, well covered with ferri subsulphatis (Monsel's salt). On the morning of the following day the hemorrhage recommenced; upon examining, I found the blood was oozing from the gums opposite the second molar, buccal surface. The parts were well seared with nitrate of silver, which arrested the bleeding at the time.

The following day, one week from the time the tooth had been extracted, bleeding commenced again, but still further forward, opposite the first molar and second bicuspid. Nitrate of silver was again applied, with the desired effect; a thick roll of cotton lint, well covered with tannin, was placed upon the gum, to extend as far front as the incisor teeth, and a piece of muslin folded tightly and placed in the mouth, so that when the jaws were closed, it would produce considerable pressure upon the gums. On the outside, opposite the bleeding point, a strong pulse could be distinctly felt.

Ice was directed to be applied externally, the patient to remain as quiet as possible in a sitting posture for a short time. No further hemorrhage occurred.

## Reviews and Book Notices.

### NOTES ON BOOKS.

Dr. Rufus King Browne has recently translated and published in pamphlet form an article on "The Life of the Trichina." When we add that the article is by no less a writer than Rudolph Virchow, we as much as say that Dr. Browne has added a most valuable contribution to medical literature. The pamphlet has forty-eight pages. It commences with an historical introduction, and then investigates the following queries: How do we recognize trichinæ in meat? What dangers to the human body do the trichinæ cause? What preventive measures against its spread are advisable?

"Pathological Phenomena Generalized," is the title of a pamphlet of sixty-nine pages, which reaches us from Montevallo, Alabama, where it was published in 1867. The author is H. Backus, (M. D.?) It is an attempt to derive some law of pathology from an abstract contemplation of the facts of pathology, as found in the ordinary text-books. The attempt meets with the success which might have been anticipated—the author has satisfied himself, and will satisfy no one else. We recommend to the author and all speculative dreamers on such matters, to ponder well those dying words of Velpeau, "*Travaillez, mes amis, travaillez.*" Less thought and more hard work were better.

A work not very dissimilar is a dissertation by Dr. James F. Hibberd, for which a prize was awarded by the Massachusetts Medical Society. It is entitled "The Part taken by Nature and Time in the Cure of Diseases." (Boston: David

Clapp & Son, pp. 46.) The "expectant" system of treatment here finds a warm defender. He urges the view that "nature and time are the main factors in the cure of disease." Purgatives, emetics, venesection, mercurials, etc., he weighs in the balance, and pronounces them wanting. We have not the time just now to show where, in our opinion, the radical fallacy of such views lie, but that they are fallacious we are strongly persuaded.

At the late commencement of the Medical Department of Georgetown College, D. C., Dr. F. Cowan read the address on behalf of the graduating class, which we are at a loss to characterize other than as a remarkable specimen of verbal gymnastics. Take, for an example, this sentence:

"For the phalanx of giants, physic, which you, by your zeal, enthusiasm, and energy, have organized with technical hellenic tactics, they, whom you have eclected to be the polemarchs, ever must hymn pæons to you, not, however, in eulogistic rhapsodies in a theatre of the metropolis, but rather in their practice as physicians. An eutrophy and euthanasia to you all."

In Dr. Morgan's address on behalf of the Faculty, we find a curious epitaph, which we do not remember to have seen before, and is certainly worth preserving. He says it is to be seen in Pittstown, Rennselaer county, New York.

RUTH SPRAGUE,

Daughter of Gibson and Elizabeth Sprague,

*Died January 11th*, 1846.

Aged nine years, four months, and five days.

She was stolen from the grave by Thomas L. Shaw, and dissected by Dr. Roger B. Wilson, in Hoosic, New York, from which her mutilated remains were obtained and deposited here.

Her body dissected by fiendish men;
Her bones anatomized;
Her soul, we trust, has risen to God,
*Where few physicians rise.*

It is to be hoped that the pious conviction so confidently expressed in the last stanza will not become a popular article of faith.

Professor Owen, the celebrated comparative anatomist, who is now accompanying the Prince and Princess of Wales on their oriental tour, states, in the third volume, just published, of his "Anatomy of Vertebrates," opinions very much in accordance with those expressed in Darwin's work "On the Origin of Species." His words are: "At the acquisition of facts adequate to test the moot question of links between past and present species, as at the close of that other series of researches proving the skeleton of all vertebrates, and even of man, to be the harmonized sum of a series of essentially similar segments, I have been led to recognize species as exemplifying the continuous operation of natural law, or secondary cause; and that not only successively, but progressively—from the first embodiment of the vertebrate idea under its old Ichthyic vestment until it became arrayed in the glorious garb of the human form."

Gould & Lincoln, Boston, have issued the volume of the Annual of Scientific Discovery for 1869. It has been prepared by Dr. Samuel Kneeland, of the Massachusetts Institute of Technology, and contains a portrait of James D. Dana, Professor of Natural History and Geology in Yale College.

J. Munsell, Albany, has lately published an interesting and instructive paper on the Trichina Spiralis, read before the Albany Institute in January last, by Edward R. Hun, M. D. It contains a brief sketch of the history and symptoms of trichiniasis, and indicates the method of rendering innoculous the meat infested with the troublesome parasite.

Henry C. Lea, of Philadelphia, announces "The Royal College of Physicians' Nomenclature of Diseases," Davy on "Digestion," and Pavy on "Food."

The following interesting notice is from the *N. Y. Nation*.

The "Anémie des Grandes Villes et des Gens du Monde," by Dr. Raoul le Roy, is a treatise on a very important if not a new subject for able medical pens. Dr. Bourguignon's treatise, "Malaria Urbana" is well known to the profession, as also the "Cachexie Urbaine" of Dr. Bertillon. This anemia, although clearly recognized by the faculty, is somewhat difficult to define except by the descriptive title, "Malaria Urbana." It is the modern disease resulting from city life, the special ailment of high civilization in temperate climates. Accompanied by negative manifestations, without febrile symptoms, allowing its victims entire liberty of movement, encouraged and kept alive by the ordinary incidents of city life, it is a disease whose presence is almost unsuspected until, suddenly, its subject becomes alarmed at the fatigue resulting from trifling physical efforts, even that of a short walk. Then follow violent palpitations of the heart at the slightest, unlooked-for noise, a difficulty of breathing, indigestion, and a succession of multiform nervous affections. Its special and most serious injury falls upon women. Even the unprofessional reader finds this work highly interesting.

Medical and Surgical Reporter.

PHILADELPHIA, APRIL 10, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

## THE DRUGGISTS AND THE DRUG BILL.

An event has transpired—very innocent, and very proper, we should say in itself—which seems to have moved some of the druggists of this city from their propriety, and led them to say some very harsh things about the medical profession. The occasion of all this excitement is that a delegate from this city to the last meeting of the State Medical Society, in the exercise of an undoubted right and privilege, for a good, or for an evil purpose—the druggists say it was for an evil, or at least, a selfish purpose, viz., to get an office for himself—proposed the appointment of a Committee empowered to draft a law, and present it to the Legislature of our State for enactment, having for its object the detection of adulterated drugs.

We are not the apologists of the Committee or of the State Society in this matter—nor the defenders of the form of a law first presented by them to the Legislature, or its substitute, though we firmly believe in the necessity of some sort of preventive legislation on the subject. The mover of the resolution may have had the selfish and unworthy motives attributed to him. His solicitude for the protection of the lives and health of the people may have been all a sham—though that is a part of the business of the profession to which he belongs. Such a charge is uncalled for, and is not to be entertained without direct proof. It may have been an unheard of and foolish thing for a society to delegate so important a matter to a Committee with plenary power, thus making itself responsible for a matter which it had no power to review or control. The draft of the law presented may have been in every way objectionable. And, finally, the particular member of the Legislature having the matter in charge may be utterly incompetent to manage it, and care for nothing except to "make a reputation" for himself. All this we understand to be directly or indirectly charged by the druggists. Furthermore, they make the general charges that medical men compound with druggists for a per centage on prescriptions sent to their stores, and that they are ignorant and incompetent to judge of the qualities of drugs—in fact, the druggists have allowed themselves full swing of thought and expression, while they have, we think, shown little discretion.

Among their assumptions, as we understand, is the claim that they are a "profession," entirely independent of the medical profession, whose members, we suppose, are rather agents of drug establishments, to go around among the community, —drummers, if you please, for drug stores—and get orders for their employers! It was asserted in their meeting, an account of which was published in our last number, that this is a matter with which physicians have *nothing to do*, and it was, and is, more than intimated that there is not a physician in Philadelphia who is competent to fill the position of Inspector of Drugs. The former proposition we deny *in toto*. Nay, we assert that with this matter the physician *has everything to do*. The drug trade when confined to its legitimate functions is necessarily subordinate to the medical profession, and no assumption or presumption can make it otherwise. Of course the physician "has nothing to do" with that part of the business of the modern druggist which consists in dealing in proprietary medicines, segars, fancy articles, paints, oils, etc., etc., all which is utterly inconsistent with, and tends to incapacitate them from, a proper attention to their legitimate calling, except to enter a most earnest and emphatic protest against it.

As to whether there is a physician in this city who is capable of being an Inspector of Drugs—as we are not aware that any has laid claim to such capacity, or that any has aspired to the office in question, we dismiss this part of the subject. We would, however, remark that though such an office would be a difficult one to fill, there might possibly be found a physician, of sufficient attainments and capacity for acquiring knowledge combined, who by a judicious and cautious exercise of which, with diligence in adding to his stock of knowledge by study and observation, might manage to fill such an office with credit to himself and benefit to the community.

As to the sophistication of drugs—that is not an open question. It is too well known that almost everything we eat, drink and wear, as

well as the medicines we take, are subject to adulteration. The physician is too often deceived and disappointed in the action of the remedies he uses, not to know and feel that they are frequently unreliable. A large portion of the time of the Professors of Materia Medica in our Colleges is devoted to pointing out the means of detecting these sophistications. We do not say that there are no pure articles in any of the categories named above, and no one thinks of charging our "first-class" druggists or grocers with adulterating medicines or food, but that does not militate against the broad and well known fact that both medicines and food are adulterated—it may be by unworthy compounders or dealers, who might not be admitted to a seat in our Drug or Corn Exchanges, but who, nevertheless, deal in medicines and food. Drugs pass through several hands before they reach our "first-class" stores.

The excitement on this subject among our druggists appears to us unseemly. It almost looks like a confession of judgment—not intended to be so, of course—but the fact that the proposed law reached the Legislature without their knowledge, led them to fancy that there was a secret purpose about it, that an effort was made to spring the law upon them, while it seems evident that it has taken its regular course, the idea having originated in the Philadelphia County Medical Society, and the Committee having been appointed by the State Medical Society about a year ago, and the fact published in their annual proceedings, while the proposed law has taken the usual course before the Legislature. We do not say that it would not have been at least wise, on the part of the Committee, to have consulted with some of our Druggists on the subject. But if they had, would it have been of any avail? For, as we understand it, the druggists claim to be a profession of themselves, entirely independent of the medical profession, and are opposed to *any* law for Drug Inspection, even in our national custom-houses. Everything must be left to the judgment and honor of the conscientious and educated druggist! To this proposition we have only to suggest that the millennium has not yet arrived, and that while we have men wicked enough to adulterate drugs for gain, there will always be found those who for the same cause, will be unprincipled enough to dispense them.

We ought to have a law—perhaps not "a Drug Law" simply, but a law against sophistications in general, in which drugs should be included, and physicians and druggists should unite in perfecting such a law, one that will be an honor to our State, and that will, to some extent at least, accomplish the desirable object of giving us pure and reliable drugs.

## THE BLACKSTONE TRAGEDY.

We have looked forward with fearful foreboding to the consummation of just such a horrible tragedy as was enacted in our midst on the morning of the 29th ult.,* as the legitimate result of the extreme and utterly unsafe teachings of sensational writers in some of our magazines and newspapers. Here are a mother and two bright, promising children, hurled into eternity at the hands of a loving husband and doting father, while laboring under a fit of temporary insanity, speedily followed by the suicidal ending of an existence which thereafter could never have been aught but a burthen. This heart rending case—and it is only one among many, that are too frequently occurring in various parts of the country—is an illustration of the terrible responsibility incurred by the conductors of the public press.† We hold such writers as have ventilated

* The following is an outline of this tragedy. The harrowing details were a *bonne bouche* to such a paper as the *Morning Post* of this city.

Early on the morning of Monday, March 29th, Mr. James L. Blackstone, of the firm of Funston & Blackstone of this city, an upright, worthy citizen, who, as the testimony shows, was extremely proud and fond of his family, but who had a hereditary taint of insanity, which has, on several occasions recently manifested itself in a manner which had caused his wife some solicitude, murdered his wife and two children, and then deliberately closed his house and went and threw himself into the Delaware river and was drowned.

His family consisted of his wife Isabella E. Blackstone, and two children, one a boy, named Lee, aged eight years, and the other a girl, named Catharine, aged between three and four years. About two o'clock on Tuesday afternoon Mr. Funston received a telegraph dispatch reading as follows:

"Madison, Conn., March 30, 1869.
Have received a letter from James that wife and children are killed, telegraph answer immediately.
Selah Lee."

Mr. Funston with a friend, started for the house of Mr. Blackstone, in Judson street. He found the doors securely fastened and the windows closed. He then went to the Police-Station and returned with a policeman, who entered the house with him, when they discovered the dead bodies of Mrs. Blackstone and her children.

† While we are reading this proof, we find the following dispatch in the morning papers:

"Murder and Suicide in Memphis.

"*Memphis, April* 6.—A horrible murder and suicide occurred here to day. A. J. Watt, while laboring under a fit of insanity, brained Newbery Gibson, his room mate, with a hatchet, and then rushed into an adjoining room to kill George Nelson, who warded off the blows, but received severe wounds. Watt then went back to the room where he had killed Gibson, and crying out, 'Farewell to the world,' leaped from the third story window and was instantly killed. Nelson is in a critical condition."

their outrageous and libelous assaults on the Superintendents of our Hospitals for the Insane, on medical men who are called on to investigate cases of alleged insanity, and certify to the same, and on our judges who pronounce upon them, as directly responsible in a great degree for the wanton destruction of human life in cases like these. These fierce and uncalled for assaults tend to prevent relatives and friends doing their duty by insane persons. They are unwilling to subject themselves to the libelous charges of irresponsible critics, whose real object seems to be notoriety, and persons who for their own safety, that of their families and of the community, are suffered to go at large, when they ought to be placed under proper restraint and professional care and supervision. The *Morning Post*, of this city, the *Atlantic Monthly*, and one or two of the New York dailies, have gained for themselves an undesirable notoriety in this way, and at the same time assumed a fearful responsibility.

Speaking as one who has had unusual opportunities for observation and experience with the insane, we say unhesitatingly, that there are persons at large in this community,—some of them through the ill-judged advocacy of notoriety-seeking newspapers—who may be met almost every day on our public streets, who, for their own safety, that of their families and the community, should be under proper restraint. We should not be in the least surprised at any time to see further horrible records like that noted above.

The proper place for insane persons is in a hospital, and the proper time to discharge them should be left to the judgment of the medical superintendents of such institutions, aided, if deemed best, by a commission of medical experts in consultation with them.

In conclusion, we desire to place in strong contrast to the course pursued by the papers referred to in this article, the course of the *Evening Bulletin*, of this city—(and possibly other papers that did not come under our notice)—which has uniformly pursued on this question the same straightforward, judicious course, which usually characterizes it in its handling of matters of public interest.

## COMPETITIVE EXAMINATIONS.

We desire, not merely as a matter of business, to call attention to the advertisement in our columns for a candidate for the salaried position of House Physician to the Infant's Hospital on Randall's Island, New York. This is one of the institutions under the charge of the Commissioners of Charity and Correction of the City of New York.

It will be observed that there is to be a *competitive examination* for the position in question, and we gladly embrace the opportunity of again placing ourselves on the record in favor of the principle of the *concours* or competitive examinations for *all* our public medical positions. It is a disgraceful and humiliating sight to see the canvassing, button-holding, pushing and crowding for the appointment to any vacancy that may occur in one of our hospitals, schools or other public institutions. Nepotism, or other personal or political considerations have far more influence in officering our public institutions, than merit. Indeed they have all, as a rule, and merit nothing to do with the matter. There are men connected with most of our public institutions who are entirely out of place, and who have no claim to their positions apart from the considerations mentioned above. Many of them would not dare to face a competitive examination, while their capacity for boring and intriguing puts to the blush and drives from the field more meritorious men.

We welcome any indication—and there have been several of late—that the very objectionable system of making medical appointments so long in vogue among us, is going to give way to fair and honorable intellectual and physical contests for the honor—and we ought to be able to add in all cases, *emoluments*.

## AMERICAN MEDICAL ASSOCIATION.

Louisville and Nashville, and Memphis and Louisville R. R. Line, April 3, 1869.

Wm. B. Atkinson, M. D.,
Sec'y Am. Med. Association.

Arrangements have been perfected by which delegates to the American Medical Association will be passed from Louisville to New Orleans, and return, with their wives and familes, at one full fare the round trip, each person's ticket will be good *via* Humboldt or Memphis, giving parties the choice of routes, with the privilege of stopping over at Cave City, to visit the great natural curiosity of Kentucky.

The tickets will be placed on sale at the depot office on the morning of April 30th, in Louisville, and will be good to return over lines between New Orleans and Humboldt or Memphis until May 15th, or from Humboldt or Memphis to Louisville until May 20th.

Please communicate this to the profession generally, that they may have timely notice thereof, and oblige W. H. King,

General Transportation Agent.

# Notes and Comments.

## THERAPEUTICAL BULLETIN.*

Compiled by Geo. H. Napheys, M. D.

No. 8.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc., etc.

The selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form.

The figures annexed to each formula indicate its number from the beginning of the series, and are added to facilitate reference.

*Uterine Therapeutics.*

J. M. Da Costa, M. D.

60. ℞ Apiol, gr. iv.

in the form of a granule or "pearl," four times a day, as an emmenagogue. To be taken for three days before the expected period. Apiol is an excellent remedy for amenorrhœa when there is no uterine disease. It is also useful in dysmenorrhœa.

Dr. Tilt says that given every two hours, so soon as the pains of dysmenorrhœa begin, it acts like a charm in some cases of nervous dysmenorrhœa, but it is of little use when the dysmenorrhœa depends upon some disease of the womb.

T. Hawkes Tanner, M. D., F. L. S., Lond.

61. ℞ Potassii bromidi, ʒj.
Tinct. cantharidis, f.ʒiss.
" cinnamomi, f.ʒvj.
Aquæ, q. s. ad f.ʒiss.

Dessertspoonful three times a day, as a stimulating emmenagogue.

62. ℞ Acidi gallici, gr. xv.—xxv.
Acidi sulph. arom., ♏ xv.—xx.
Tinct. cinnamomi, f.ʒij.
Aquæ dist., q. s. ad f.ʒss.
For one dose.

Mix with two or three tablespoonfuls of water, and take every few hours in profuse menorrhagia, until the bleeding ceases.

Professor T. Gaillard Thomas, New York, says that in a case of menorrhagia, the patient should be kept perfectly quiet upon her back; cloths wrung out of cold water should be laid over the uterus, vulva, and thighs; cold, acidulated drinks should be given freely; and the injection of all warm fluids strictly interdicted. In addition, the apartments should be kept cool, the nervous system quiet by opium or an appropriate substitute, and all conversation prohibited. In mild cases this may suffice, but in severe ones it will not. Then the speculum should be introduced, a sponge-tent passed into the cervix, and the vagina filled with a tampon. This will rarely fail. But in certain cases, as, for instance, those of cancer of the neck, the tent will not be admissible. Under these circumstances, a soft sponge or wad of cotton should be saturated with a solution of the tersulphate of iron, laid upon the cervix, and the tampon placed against it, or a small linen bag may be filled with powdered alum, placed in contact with the cervix, and held in place by a tampon; or two drachms of tannin may be left free against the part. To these means almost all cases will temporarily yield, more especially if the use of the tent be admissible.

*Emmenagogue Enema.*

Edward John Tilt, M. D., M. R. C. P., Lond.

63. ℞ Aloes Barbadensis, gr. x.
Tepid milk. f.ʒiij.

To be injected twice a day when the menstrual flow is due, until it comes, or until tenesmus becomes unbearable.

*Emmenagogue Vaginal Suppository.*

64. ℞ Aloin, gr. ij.
Buttyri cocoæ, gr. x.

65. ℞ Olei terebinthinæ, f.ʒss.
Tincturæ capsicii, f.ʒss.
Tincturæ ergotæ, f.ʒj.
Tinct. lavend. comp., f.ʒij. M.

In cases of uterine hemorrhage, give from half a drachm to a drachm of this mixture in milk, after shaking the bottle. In severe flooding after parturition, from half an ounce to an ounce may be given in plenty of milk, with good results.

Prof. Ellerslie Wallace.

66. ℞ Aloes, gr. v.
Olei tanaceti, gtt. xl.
Cantharidis, gr. vij.
Ferri lactatis, ʒiv. M.

Fiat massa, in pilulas xxviij. dividenda.

One, morning, noon, evening, and night, as an emmenagogue.

* Entered according to Act of Congress, in the year 1869, by Geo. H. Napheys, M. D, in the Clerk's office of the District Court for the Eastern District of Pennsylvania.

N. B. This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

# News and Miscellany.

—— Cornell University has just received a donation of a collection of shells, numbering 5,000,000 specimens, of 12,000 species. Dr. Newcomb, the generous donor, spent thirty-five years in making it.

*[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

## MARRIED.

Allen—Borton.—On the 18th ult., at the residence of the bride's father, by Friends' ceremony, in the presence of Mayor Johnson, of Salem, L. A. D. Allen, M.D., and Izetta, daughter of Omar Borton, all of Woodstown, N.J.

Drais—Wilson.—At Oxford, Ohio, March 17, by the Rev. Robert D. Morris, Lawson Drais, M.D, of Cincinnati, Ohio, and Miss Sadie L., eldest daughter of the late W. W. Wilson, formerly of Pittsburgh, Pa.

Stevens—White.—In Rehoboth, Mass., March 18th, by Rev. T. H. Johnson, Dr. G. S. Stevens, of Providence, R. I., and Mrs. Lydia B. White, of Rehoboth.

## DIED.

Dunglison.—In this city, April 1st, Robley Dunglison, M.D., Emeritus Professor of Institutes of Medicine in Jefferson Medical College, in the 72d year of his age. Obituary next week.

Jefferson Medical College,
Philadelphia, April 2, 1869.

*Whereas*, It has pleased Almighty God to remove from among us in the evening of his life, and in the fruition of a world-wide reputation, our friend and late associate, Dr. Robley Dunglison, Emeritus Professor of the Institutes of Medicine in the Jefferson Medical College, and late Dean of this Faculty; and

*Whereas*, He was warmly endeared to us by his high social qualities, his stern integrity of character, his unceasing devotion to his official duties, his uniform urbanity and kindness, and the great purity of his life; and

*Whereas*, In his death the Medical Profession has lost one of its most learned, zealous, and exemplary members; Medical Literature one of its most able promotors; Medical Science one of its most successful cultivators, and Medical Philosophy one of its most faithful interpreters; therefore,

*Resolved*, That this Faculty will attend the funeral of their friend and colleague in a body, and that one of their number be appointed to deliver, at the opening of the next session of the College, a discourse upon his life and character.

*Resolved*, That a copy of these signatures, authenticated by the signature of the Dean, be transmitted to the family of the deceased, with the expression of our heartfelt sympathy in their bereavement, and that the same be published in the different papers, and in the two medical papers of this city.

Samuel Henry Dickson, M.D.,
Dean of Faculty.

Frazier.—Near Bethel, Clermont co., Ohio, March 17, Dr. D. M. Frazier.

Hughes.—On March 29th, 1869, Alice E., wife of Isaac W. Hughes, M.D., and daughter of the late Hon. Charles G. Donnel, of Sunbury, Pa.

## WORDS OF CHEER.

*Dr. J. B., of Arkansas*, in renewing his own subscription to the Reporter and Compendium, sends two new names and promises more. He says:

"I am a subscriber to eight journals, but would rather be without all of them than yours."

*Dr. W. H. B., of Chicago, Illinois*, writes that he has just seen a copy of the Compendium. He says:

"I was so much pleased with it that I now inclose to you $5, for the years 1868 and '69, hoping to keep it up in future. In some respects I think it *very much* better for an American practitioner than anything of the kind I have seen. Wishing you the success you so much deserve," etc.

*Dr. J. W. B., of Illinois*, in making a very encouraging remittance, including *all* our publications, says:

"I think you eminently worthy of the patronage of your medical brethren, not only for your indefatigable labors as a journalist, but as a shrewd and persistent collector."

Now we take exception most decidedly to the last remark from Dr. B's letter. It touches a tender spot—strikes between the joints of the harness, into the vitals! Had we been "a shrewd collector," and successful withal, some thousands of dollars would now have been invested in our various enterprises, much to the advantage of the profession, which are now entirely lost to us, to our personal inconvenience and the injury of our enterprises.

A correspondent of the Burlington, Vermont, *Free Press and Times*, in a card to Physicians, says of the Compendium:

"It is the only publication of its kind which gives any fair and full abstract of American medicine. The foreign half yearlies, republished in this country, to a large extent ignore the rapid progress of medical science in the United States, quoting from only one or two journals, and giving their readers only a meagre outline of our medical literature. The Compendium, on the other hand, gives prominence to American discoveries and American ideas, and notes all progress in every department of medical science. At the same time it collates from foreign journals all that is valuable to American readers in their columns.

"The number before me contains nearly *four hundred* articles, collated from nearly two hundred and fifty American, and about two hundred and thirty foreign writers and speakers. A number of *Ranking's Abstract* also before me, contains two hundred and eighty-four articles, in only twenty-two of which is any allusion made to American periodicals or writers. It will be seen, therefore, that while the Compendium is peculiarly American in its origin and character, and as such has claims upon the patronage of American physicians; it yet gives a more thorough and appreciative summary of the medical literature of *all* countries than any "Abstract" or "Retrospect" published, so that the reader may note the progress in the science of medicine in all quarters of the globe.

## QUERIES AND REPLIES.

*Who is it?* We have received a letter, post-marked Constantine, Mich., inclosing money carefully folded up in a *piece of blank paper*. It was received on the first of April. *We* are equal to any amount of such "April fooling" as that—but how about the other side? Who speaks?

### Fowler's Solution in Hemorrhoids.

"I will say for the benefit of the Reporter, that I have tried the above remedy in twenty cases of piles, and in not a single case have I been disappointed in removing the difficulty. The dose, of course, is to be varied to suit the age and constitution of the patient. I hope physicians will try it. G. B. Bishop.

*Sheridan, N. Y., March* 25, 1869.

*Dr. R. D. W.*—"Are Guffroy's Cod-liver Dragées what they are represented to be in his pamphlet on Cod liver Oil, etc.?" We have never used them, and cannot answer.

s

## METEOROLOGY.

| March, | 22, | 23, | 24, | 25, | 26, | 27, | 28. |
|---|---|---|---|---|---|---|---|
| Wind | N.E. | N.W. | W. | N.E. | S.E. | N.W. | E. |
| Weather | Cl'dy. | Clear. | Clear | Clear. | Rain. | Clear | Clear. |
| Depth Rain | 1 4-10 | | | | 1 1-10 | | |
| *Thermometer.* | | | | | | | |
| Minimum | 18° | 30° | 27° | 28° | 30° | 36° | 40° |
| At 8, A. M. | 26 | 38 | 40 | 40 | 44 | 57 | 50 |
| At 12, M. | 34 | 45 | 55 | 48 | 53 | 63 | 58 |
| At 3, P. M. | 40 | 46 | 55 | 45 | 55 | 65 | 60 |
| Mean | 29.50 | 39.75 | 44.25 | 40.25 | 45.50 | 55.25 | 52. |
| *Barometer.* | | | | | | | |
| At 12, M. | 30.7 | 30.2 | 30 1 | 30.4 | 30.5 | 30 4 | 30.4 |

*Germantown, Pa.* B. J. Leedom.

THE

# MEDICAL AND SURGICAL REPORTER.

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## Original Department.

## Communications.

### SECTION OF ANTERIOR TIBIAL NERVE FOR NEURALGIA.

The first section of this nerve recorded, so far as we are aware, was made on New Years day of the present year, by Dr. James E. Garretson, of Philadelphia, under the following circumstances.

The patient, Samuel Banning, of Kingsessing, a soldier in the war of the rebellion, received three wounds, one in the shoulder, one through the calf of the right leg, the third through the right foot, involving the metatarsal bones; this last requiring thirteen months in hospital for its cure.

About two years back, pain more or less severe was found to be associating itself with a sense of exhaustion, which over-exercise always reduced in the foot; this pain gradually increased until finally it passed up to the knee-joint and there settled about the head of the tibia, and on the outer aspect of the limbs on the line of the peroneal nerve. When first seen by Dr. Garretson, the patient had been confined to his room for eight months, being fully two-thirds of this time in a state of dementia, requiring constant attendance to prevent the commission of suicide, which he would attempt in any manner within his command if left for a single hour unguarded. The tenderness about the head of the tibia was so excessive that the most limited handling would throw him almost immediately into spasms; there was little or no tenderness about the foot or lower third of the leg, and no special point of pain at any place.

In the case, six weeks were spent in deciding the diagnosis, which finally being determined to be a lesion of the anterior tibial nerve, produced by some sequences secondary to the wound of the foot, Dr. G., with the assistance of Dr. Hooper, of Kinsessing, on New Year's day, operated by cutting down on the vessels one and one-half inches above the annular ligament, separating the nerve from the artery, and removing one inch from its continuity.

*Result.*—The operation was performed at 11 A. M.; at 11½ the patient fell into a sound sleep, which continued until 5 P. M., the first sleep of over half an hour duration which he had enjoyed for a period of six weeks; from this sleep he awoke refreshed, without pain, and in every respect, mentally, quite himself. The wound which had been approximated to unite by the first intention healed thoroughly throughout, looking in every respect well for a period of one week, at the end of which time it opened and assumed an erysipelatous appearance, several blebs appearing in its immediate neighborhood; these however yielded at once to an application of iron and quinine locally, and to gentle unstimulating poulticing; the wound, however, continued slightly to suppurate, being fully six weeks in healing.

The toes, which, at first, were almost, though not quite, deprived of motion gradually, after the first few days, recovered themselves, and now seem none the worse for the operation.

The principal discomfort complained of after the section was in the ankle-joint, this having a constant sore feel, and being weak and unreliable; a series of very small cutaneous abscesses, of little moment, however, exhibiting the abstraction of the wonted nerve supply.

Of the original pain the patient, however, never had one twinge after the section, the tenderness about the knee-joint disappeared in three days; the man at this date, three months after the operation, is attending to his business as usual, the only complaint being that the foot operated on, tires before its fellow.

A second case of quite as much interest is also reported by Dr. Garretson, of section of the incisive branches of the superior maxillary nerve, where they pass down the wall of the antrum. In this case the patient, a lady, wife of an undertaker, residing on West Market street, had been suffering with periodic attacks of pain about the head and face. This patient, exceedingly quiet and retiring, spent most of her life

in sunless rooms surrounded by the melancholy parapharnalia pertaining to her husband's business; she was anemic, and of poor general health and spirits. Although this patient had certain bad teeth, yet the pain had never seemed associated with them; indeed, so insensible were these organs to ordinary agents of irritation, that a diagnosis had been founded alone on her general condition and surroundings and remedies applied entirely in such direction. Tonics were administered, windows unbowed, exercise and amusements conjoined with generous living were advised, but with even this entire change the patient failed to improve, but on the contrary grew constantly worse. The diagnosis discovered to be thus at fault, the teeth were extracted, still the condition persisted and the pain increased. She was now kept under treatment over a year, the pharmacopœia being literally exhausted. "At this period, in consultation, I made a most thorough examination of her system at large. The pain had assumed and continued the impression of an iron clamp around the head terminating at the chin below, and which clamp seemed daily contracting itself; the terror and pain of this impression had become so great as to convert the patient almost into a lunatic. I found by inquiry that her internal organs had been most carefully examined and inferred not to be in fault, my own investigations therefore were principally directed externally. First, was there any remaining tooth or roots of teeth implicated? I examined for dental caries, for pulpitis, for nodules, for necrosis, for supernumerary teeth, for exposed cementum, but fully assured myself that the dental organs were not at fault. I examined the spinal cord, and through its expressions the encephaloid mass. Organically, the trouble was not reflex from these points; I examined every articulation, the line of every vessel, so far as I might follow them; I passed in review every observation and fact which might enlighten me, but without success; finally I returned to the old cavity, the teeth, which had been extracted the year before, were the molars and premolars of the left superior jaw, might there not possibly have been left just the smallest particles of one of these roots? I was making pressure over the canine fossa when the patient made slight complaint; it was the only point which had yielded difference in sensation; it was not pain of which complaint was made—not discomfort, it was simply a difference of sensation. What was the meaning of this? differentially, it was just to infer that here existed something, the lesion perhaps of which we were in search. Acting on this only hint, I obtained the consent of the physician in attendance to make an exploratory trephine into the antrum, and on performing the operation, discovered within the cavity that branches running from the intra orbital nerve across it had enlarged to the size of an ordinary knitting needle; these enlarged nerves, of which there were two, I cut away; the patient was immediately relieved, and although a year has passed, she has had no return of the neuralgia, at least so far as I am aware, and I have since met her upon the streets, looking as rosy and fresh as most women."

## A SOLID STETHOSCOPE.

By Henry N. Avery, M. D.,
Of New York.

The following simple stethoscope has been used by me for some time past, with the most happy results.

I selected a piece of hard wood twenty inches long, cut in the direction of the grain, and two inches in diameter. At a point six inches from one end I placed a band of iron. Then the long end was introduced into a steam chamber. When sufficiently steamed, it was divided in the centre down to the iron band. The two pieces thus separated at a point five inches from the band, were bent in the shape of an ordinary stethoscope. At a point four inches from the band, a second band was secured with a key, so that the ear pieces can be contracted or expanded.

The advantages of this simple stethoscope are, that the sound is transmitted through the solid wood and continuous fibres more audibly than by any other means; and, secondly, the cheapness at which it can be afforded.

The shape and size may be according to individual taste. Some kind of soft wood, for instance pine, if it can be bent, might answer a better purpose than hard wood.

### Public Charities and Correction of New York.

Few people are aware probably that nearly 100,000 persons are now annually subsisted in the several institutions under the charge of the Commissioners of Public Charities and Correction of the City of New York. It is a fact, however, that this number amounted, for the year 1868, to no less than 92,272. Of these, one-half (or 46,807) were in the city prisons; more than a fifth (or 16,946) in the workhouse, and the remaining three-tenths or less in various almshouses, asylums, hospitals, schools, and in the penitentiary.

# Hospital Reports.

Pennsylvania Hospital,
*Philadelphia*, ——, ——.

By D. Hayes Agnew, M. D.

Reported for the Med. and Surg. Reporter.

### Amputation of the Forearm.

Dominick W., æt. 25. This patient was admitted into the hospital twelve days ago, with a serious burn and contusion of the left hand and arm, caused by a hot piece of heavy casting falling upon the limb. Although the injury was recognized as a very severe one, still it was thought best not to amputate at the time, but give him the benefit of a hope that the sloughing which was inevitable might not extend to any great depth. This case, gentlemen, was one of a class in which the surgeon is often greatly embarrassed how to act. His great anxiety to save, rises above all other considerations. In most instances no harm comes of such delay, but on the contrary good, and so it has proved in the present case. The sloughing has not only laid bare the bones of the hand, and opened the wrist-joint, but has extended much higher up the arm than was supposed, far indeed beyond the apparent limits of the original injury. The traumatic fever has passed over; suppuration is well established, and the line of demarcation clearly defined. He is now in a condition to justify the removal of the deceased part. The operation must be executed in the upper third of the forearm, and the method shall be by musculo-cutaneous flaps, formed one from the front and the other from the back of the limb. In controlling the bleeding, I purpose using the animal ligature, cutting off both ends and closing over all the wound. The threads which I here exhibit, have been prepared by Mr. Behrle, of New York, from the peritoneum of the bullock. To secure a rapid union of the flaps has been regarded by a large majority of surgeons as extremely desirable, and hence various devices have been resorted to, in order to get rid of that obnoxious thread, dangling from the corner of the wound. Laurence Hennen and others were in the habit of cutting off both ends of the thread. Hennen believes the suggestion was due to an American. The first public announcement of such a practice belongs to Haire, of Southminster, in Essex, as long ago as 1786. The objection to the plan was in consequence of the knots afterward exciting suppuration, and making their way to the surface. Physick, in 1814, introduced the animal ligature made from chamois leather, and which he believed, from its alliance with the tissues, would be absorbed; and I remember very well of Dr. Jamieson, of Baltimore, a short time before his death, saying, he had tied all the accessible arteries of the body with this substance, and to his perfect satisfaction.

More recently, acupressure, through the influence of Professor Simpson, of Edinburgh, has attracted a large share of professional notice. Whether in this unrest, and search for something new, we are apprehending a myth, time and careful observation can determine; but this much I do know, not one of them renders our patients invulnerable against the accidents of pyæmia, hemorrhage and erysipelas. A few metallic sutures are introduced to maintain the flaps in opposition, with the addition of some adhesive strips. Over these a piece of lint smeared with simple cerate, and lastly the application of a roller to give increased comfort and security, I shall take occasion to speak of the after treatment at my next clinic.

### Amputation of the Hand above the Wrist.

Thomas D., æt. 17 years. This young man has just been brought into the house. His hand, as you see, is torn into shreds, having been drawn in between the cogs of two revolving wheels. The destruction is complete. There is nothing to be done here, but immediate amputation. The soft parts appear perfectly sound at the wrist and on the posterior aspect, a short distance below. It must not be forgotten, however, that the violence inflicted on the hand, a part where so many anatomical components concentrate, may seriously implicate the nutrition of the limb far beyond the immediate sphere of injury. You have just witnessed an amputation in which musculo-cutaneous flaps were made. We will in this case form a covering for the bones, by lifting antero-posterior oval flaps of skin, and making a circular amission of the muscles. The vessels will be tied with the animal ligature. Each kind of flap has its champion, and I do not commit myself exclusively to any single method. If I were to express a preference, it would be for the musculo-cutaneous. I think the vitality of the skin is seriously imperilled by detaching it from the deep fascia through which the blood-vessels enter it in great numbers.

### Coxalgia.

W. C. This lad is 10 years of age; has a transparent complexion, lustrous eyes, long eye lashes, and unusually intelligent. There is a distinct limp in his gait. When he stands he

advances the left limb, turning the foot outward. He has had for several months wandering pains; sometimes in the hip, at other times in different portions of the leg. The pain recently has become localized in the knee. When the limb is forcibly rotated, or impelled against the acetabulum, severe pain is experienced in the ileo femoral articulation. When standing erect you will see the buttock on the left side is smaller than its fellow, and the abrupt definition between the thigh and nates in a great measure obliterated. He is still able to go about, and does not suffer much discomfort. He has, therefore, the evidences of what is so generally known as hip-joint disease. The disease is evidently in its incipiency, and the present group of phenomena due to intra-articular effusion. If the inflammation producing this effusion results from tuberculous deposit in the bone, the case will be protracted. In assuming the treatment of such a case, let there always be a fair understanding It is too often the case that the parents or friends of the patient become wearied and disgusted with the tedious progress of the disease, and are induced to abandon the course laid down for its conduct? What shall be done for this boy? Some would say, apply a Davis splint, and allow him to move about. I cannot concur in this. I am satisfied that the recumbent posture, with extension, applied just as we treat fractures of of the thigh, fulfils the indications in view. We want absolute rest for the joint. In no other way can it be obtained. Small blisters may be applied, from time to time, over different portions of the articulation. The bowels should be kept free, and a nutritious, but not a stimulating diet allowed. If there be much pain, a hypodermic injection of morphia may be employed, with proper discrimination. It should not be resorted to on every occasion, but reserved for urgencies. This course may be maintained, until the active symptoms pass over. It may be for six weeks; or, it may be for six months. And after this a Davis splint may be applied, and a certain degree of liberty allowed. You will, I think, by such a course have the satisfaction of often saving a joint.

—— The Swiney prize of a silver goblet of the value of £100, with gold coin in it to the same amount, has been unanimously awarded by the judges from the Society of Arts and the College of Physicians of London, to Dr. Guy, of King's College, for his well known treatise on the *Principles of Forensic Medicine.*

# Medical Societies.

## MEDICAL SOCIETY OF GEORGIA.

The following action was taken by this Society in the case of Dr. J. J. Waring at its meeting Oct. 14, 1868.

"*Whereas*, At a meeting of the Georgia Medical Society, held on Wednesday, Oct. 7th, 1868, a resolution was passed by over two-thirds of the members present, to wit: That the presence of Dr. James J. Waring being detrimental to the interests of this Society, he is hereby requested to tender his resignation on or before the next regular meeting of the same; and

*Whereas*, The said Dr. J. J. Waring has declined to comply with said request; and

*Whereas*, At a meeting of the Georgia Medical Society, held on the 2d of September, 1868, and again at a meeting of the same held on the 30th of September, 1868, he, the said Dr. J. J. Waring, did behave discourteously to the Society, and in such a manner as would render him ineligible to membership, and has rendered himself obnoxious to two-thirds of the members of the Society; be it

*Resolved*, That at the meeting of this Society to be held on the 18th of November, 1868, the Georgia Medical Society will for the foregoing reasons, vote upon expelling Dr. James J. Waring from the membership of the Society. Provided, however, that the said Dr. J. J. Waring be permitted to resign at any time before that date.

# Editorial Department.

## Periscope.

### Alcoholic Stimulation in Disease.

Dr. W. T. Gairdner, in a recent number of the *Glasgow Med. Journal*, concludes an able article on this topic with the following inferences.

1. The importance of proper nourishment and sustenance in febrile cases is very great, and nothing can be worse than the old, and now happily exploded system of depletion and starvation. But it is not less an error to conceive of alcoholic stimulation as a proper substitute, in such cases, for ordinary food. Milk is the normal food of most persons in acute disease, and there are very few persons, even in severe fevers, who cannot receive it to the full extent of their powers of assimilation; but most of the other simpler elements of an ordinary diet may be employed with advantage in particular cases. Beef-tea (so much favored by Dr. Todd, in conjunction with alcohol) is of very inferior nutritive value, and therefore of altogether secondary importance to milk; and further, beef-tea very often

disagrees with the stomach when milk and farinacea can be freely taken. In enteric cases beef-tea has been found occasionally to increase the diarrhœa, and it is usually to be avoided or very cautiously given on that account.

2. The proper mode of administering food in cases of febrile disease is to imitate as closely as the condition of the patient admits, the usual practice in health; and most patients, even in severe fevers, retain so much of the habits and functions of health as to enable them to digest a good deal of simple food, conveyed into the stomach at proper intervals, and with sufficient intervals of rest to allow of the return of the desire for food in some degree before again giving it. To give brandy and beef-tea every hour or half-hour, and to continue this practice for days and nights together, even wakening up the patient (as is recommended by Dr. Todd) in order to give him his food and stimulant, is the surest of all ways to destroy whatever remains of natural appetite, and to derange altogether the already much weakened function of assimilation. In a few almost desperate cases, where the power of swallowing is nearly lost, it may be advisable to give food at much more frequent intervals during waking hours than in other cases; but rarely, if ever, to disturb the patient when asleep.

3. The proper use of alcoholic stimulants in cases of acute disease is nearly the same as in other cases, or in comparative health, viz., to quicken and develope the appetite for real food, and the power of assimilating it. The proper and normal time, therefore, for giving these stimulants in fevers is *along with the food—i. e.*, at the *regular* meal times, and *not* during the intervals; except in cases where the nervous system is much disordered, and where a moderate dose of the stronger stimulants may sometimes be of great use in procuring sleep.

4. The proper dose of alcoholic stimulant, and also the proper kind of stimulant to give in each case, is subject to considerations derived much more from the age, sex, and previous habits of the patient than from the severity or character of the fever. It is an error to suppose that patients affected with very severe symptoms of acute disease are capable of tolerating *indefinitely* greater amounts of alcoholic liquors than can be given in milder cases, or to the same persons in health. It is even probable that in some cases the susceptibility to over-stimulation is greater in fevers than it is in health. At all events, it is usually a practical error to carry stimulation much beyond the line above generally indicated.

5. In most cases of young persons, and in very many of adults not accustomed to the daily or frequent use of alcoholic liquors, these ought not to be given in quantity, or even at all, without the most clear evidence of their being really required. The effect of each dose should be carefully watched, and *it is almost always safer to withdraw the stimulant entirely for a period of hours, than to run the risk of over-stimulation.* It is almost certain, from facts already observed, that in young persons the mortality of fevers is greatly increased by the *continuous* administration of alcoholic stimulants, even when the more striking or obvious symptoms of over-stimulation do not become apparent.

6. The effect of stimulants, moderately and judiciously used in certain critical states of acute disease is to restore and refresh the patient, to favor natural sleep, to lower the rate of the pulse, to quicken the appetite, and increase the power of assimilating food. The effect of stimulants continuously or immoderately given, is to destroy the appetite for food, to produce torpor, to give rise to more or less profuse sweating, to dry the tongue, to prolong the febrile debility, and to protract the crisis. There is reason to think that in typhus fever the normal crisis may be delayed for several days by the constant administration of brandy, after the manner recommended by Dr. Todd.

7. In the self-limited fevers, in which the phenomena of the crisis are well known, and the course of the disease may be easily defined and anticipated, it is usually requisite to be very sparing of stimulants in what may be termed *normal* cases, because in these the disease is to be recognized as running a definite course; while any considerable excess has a tendency to convert the case into an abnormal one, and to postpone the crisis. It has already been sufficiently indicated that, in the opinion of the author of this communication, alcoholic stimulants rank with drugs and medicines rather than with food. The same minute knowledge of the course of fevers which induces a well-educated modern practitioner to abstain from constantly drugging his patient will also, in most cases, lead him to abstain from stimulation. And on the whole, it may be confidently anticipated, as a result of improved consideration given to the subject, that the profuse and continuous administration of alcoholic stimulants, with a view to alimentation in acute disease, will ere long be abandoned as inconsistent with an enlightened physiology and a sound practice. While stimulants will continue to be prescribed to the sick, on the same princi-

ples and for the same ends as causes them frequently to be taken with refreshing and beneficial results in comparative health, their function in acute disease will more and more come to be recognized as a strictly limited one; so that *continuous* administration of them, or administration carried up to such doses as twenty-four, thirty six, or forty-eight ounces in the twenty-four hours, will be abandoned as involving an error of principle, and a serious danger to life in actual practice.

8. A subordinate, though still very important consideration, bearing upon such profuse and continuous stimulation as is above referred to, is that such liberal doses of wine and spirits given habitually under medical advice, tend to give a wrong bias to public opinion, and (even apart from the grave moral consequences arising from the abuses of alcoholic liquors) to involve the whole medical practice of the country in a system of unnecessary, and therefore wasteful expenditure. It is as nearly as possible a demonstrated fact, that much of what is spent in wines and spirits for the sick in hospitals (and therefore probably also in private practice) is unnecessarily, if not injuriously spent. Typhus fever, as it occurs in Glasgow, almost always among the poor, and often among the most ill-nourished, debilitated, and dissipated classes, is the very type of a disease which would appear to require the highest doses, and the most frequent and liberal administration of alcoholic stimulants. Yet it has been clearly shown that typhus fever in Glasgow may be *so treated as to have a diminished mortality*, with the aid simply of milk diet and careful nursing; alcoholic stimulation being deliberately maintained upon a scale so low as to make it quite an exceptional, and therefore purely therapeutic agent. In the City of Glasgow Fever Hospital, the careful and most scrupulously watched experiments of Dr. J. B. Russell* have led almost insensibly, and without any fixed plan, but *with an increased success as regards results*, to lower from year to year the scale of stimulation on the whole, until last year the calculated amount of absolute alcohol administered in the form of wines and spirits to each patient, on an average, during each day of the treatment, was less than *one-sixth of an ounce* (0.1630 oz.), and the expense of this quantity was little more than three farthings; while the entire bill for wines and spirits consumed during a year in which 969 cases of febrile disease (mostly typhus) were under treatment, was £34 5s 6d. The mortality of typhus (including all the cases admitted moribund) during the same period was in this hospital only 9.05 per cent.; being the lowest rate of mortality, I suspect, that has ever been attained in the treatment of so large a number as nearly a thousand cases, accurately distinguished as genuine typhus.

* A Clinical Study of Stimulation in Typhus, Glasgow, 1867; and Third Annual Report of the City of Glasgow Fever Hospital, 1868.

### Foreign Body in the Ear.

Dr. Wendell A. Anderson, of La Crosse, Wisconsin, communicates the following case to the *N. Y. Med. Record.*

On the 14th of May, 1868, a man came into my office and requested me to give him something to stop a discharge from his ear. Upon questioning him, to ascertain the cause of his trouble, the following history was given: In the month of March, 1863, he was a member of the 1st Regt. Colorado Cavalry, and while on duty in the Provost Guard at Denver City, was obliged to assist in arresting some men in the eating saloon. During the struggle he received a blow upon the left ear, and was informed by his comrades that one of the men struck him with a steel fork; alarmed at the hemorrhage, he applied to a physician in the city for treatment, as the regimental surgeon was some distance off. The hemorrhage was soon checked, and as nothing could be seen in the ear, he was told that the pain was the result of several pricks made by the fork, and would subside in a short time. He continued to suffer with the pain, being unable to lie on that side, but did duty for a month before applying to the surgeon of his regiment. An examination of the ear was made, but nothing discovered, and he was furnished with something to drop in the ear to ease the pain, which subsided after a while. He was quite deaf, but the pain was felt only when the head was shaken or struck. He continued to serve with the regiment, not missing a day's duty, until October, 1864, when he was discharged by reason of expiration of term service. In March, 1867, having passed the winter in the Wisconsin pineries, he became entirely deaf in the left ear, and suffered severely with pain, which was soon followed by an offensive discharge; and at one time while cleansing the ear, he removed a piece of iron resembling a portion of a common steel fork tine. The discharge was quite free after this, but the pain was easier, and he continued his occupation in the woods until the day I saw him, one year later.

Upon examination of the ear I found the meatus, just within the concha, filled with what ap-

peared to be a polypus, and while cleansing the part for a more careful examination, a small hard point was discovered in the fossa of the anti-helix, which could not be removed by water. Bearing in mind the history, an attempt was made to ascertain the nature of this substance, and a fork tine, three-fourths of an inch in length, was removed. The direction of the tine was from above downward, inward, and a little forward. The point undoubtedly projected into the meatus, as there was slight hemorrhage from the auditory canal. Carefully cleansing the ear, he was requested to call again the following day. He did not call at the time appointed, and the case had passed from my mind, when, on the 4th of September, he visited me, stating that he thought he could care for himself after the foreign body had been removed; but as the discharge continued and the hearing was not improved, he wished more assistance. The ear being cleansed, I observed that the "polypoid mass" had disappeared, but within the meatus, about three-fourths of an inch, there were numerous vegetations nearly filling the canal, and still deeper was a dark mass, at first mistaken for an accumulation of cerumen. When I told him that it would take a long time and careful syringing of the ear to remove the substance, he would not believe that such a mass could be there. To convince him, the mass was touched lightly, but the sound to him was that of two pieces of iron striking together. Making a still closer examination, I decided that there was another fork tine lodged there, lying in a horizontal direction across the canal. Evidently warm water could not accomplish what was desired, and only by repeated efforts was I able to seize the piece by the centre, press it forward, and bring one end into sight in the canal. It was then easily removed. There was considerable hemorrhage, and the pain was such that I postponed further examination till the following day. The pierce of iron removed was seven-eighths of an inch in length. On the following day, when the ear was examined, precisely the same condition existed, apparently, as on the preceding day. Not believing it possible that there could be any more fork tines, I "sounded" the piece, which the patient affirmed conveyed the same impression to him, viz., of two pieces of iron. In the same manner as on the preceding day, with less difficulty, but more suffering for the patient, another tine was removed; this one measuring one inch and five-sixteenths in length. The tines were all much corroded, and evidently had remained in the canal for a long time. Repeated examinations of the ear have been made, but no more foreign bodies discovered, although the patient believed I was not to be satisfied until the handle of the fork was found. Two months after the removal of the last object, the ear was not at all painful, the discharge had ceased, and the hearing distance of that ear, tried with an ordinary watch, was over three feet.

### Idiopathic Priapism.

Dr. J. R. Smith, of Alabama, communicates the following case to the New Orleans *Jour. of Medicine*.

On September 13th, 1865, was called to see Mr. T. F. M., who I found laboring under a very painful priapism, which had existed at the time of my visit, about eighteen hours. To ascertain the cause was the next subject of inquiry.

Mr. M. is aged twenty-eight years, has been married five years, rather delicate health, and of a nervous temperament, never had gonorrhœa but once, and that was about seven years ago, had chills and fever six months previous to this time; for the cure of the gonorrhœa may have used caustic injections; never had any symptoms of stricture. About the time he was laboring under gonorrhœa received a severe fall from a buggy, falling on buttock, which caused the formation of an abscess up the rectum, which discharged through the anus; since then has suffered no inconvenience from the fall; has had several spells of priapism before; the first, about twelve months before this; all of which were relieved by urinating or walking until fatigued. Mr. M. assured me he had had no impure connection which might lead me to believe him laboring under incipient gonorrhœa; in fact has not had connection of any kind for ten days (Mrs. M., being absent)' has no erotic desires, nor never has had during his other less obstinate spells of the same disease.

When I saw Mr. M., he had used all the remedies that afforded relief heretofore, with many others that suggested themselves; such as the cold and warm baths; walking until fatigued; a full dose of epsom salts, which had acted freely; can now void his urine in a full stream without pain, but requires considerable effort; seems quite well, except a slight pain just behind the corona-glandis. This, (as in all previous attacks) came on in the night and while asleep, from supposed neglect to empty the bladder when lying down; has been drinking spirits pretty freely lately, but not more so than frequently before; does not remember that such indulgences invariably cause the priapism; contracting the

sphincter ani or pressing down the penis causes great pain; pulse natural.

*Prescription.*—Assume the erect posture, and smoke tobacco continuously until thoroughly nauseated; at the same time direct a continuous stream of cold water on the penis, from glans to pubis; and as we had frequently relieved symptomatic priapism by the application of cold to the feet, we suffered in this case the cold water, as it run from the penis, to fall on the floor and run under the patient's feet. This was persisted in for half an hour without the least avail, notwithstanding the cold perspiration streamed from the face of the patient, from the excessive nausea produced by the tobacco smoke. The skin on the penis from the pouring of the cold water, became shriveled; the glans assumed a livid appearance. I then put him on minute doses of tart. emet., to be continued every half hour until fully nauseated, and at the same time, directed him to fill the rectum with cold water, also throw a stream of cold water into the urethra. and when lying, keep the organ enveloped in cold cloths, and left him for the night.

Sept. 14th. Found patient just as I left him; he informs me that he scrupulously carried out the prescriptions of the previous day. That the tartar emetic after a prolonged nausea produced full emesis and catharsis. I now advised a consultation, and Dr. Deason, my former pupil and partner was called in. We bled Mr. M. in the erect posture, until approaching syncope; after slight reaction, he was again caused to assume the erect posture with a stream of cold water poured on the organ, until we were compelled to lay him down for fear of fainting. There not being the slightest change in the erection, he was now put fully under the influence of chloroform, and notwithstanding he had several surgeons' certificates of hypertrophy of the heart, he bore the chloroform well and remained fully under its influence for more than half an hour, sleeping quietly and soundly. While getting under the influence of the chloroform, he felt as though the relief would be permanent, as all pain seemed to subside; but on awaking, the pain and priapism were just as before its administration—the pain in the penis, if possible, more excruciating. We now covered the entire perineum with a plaster of extract of belladonna, and gave one-fourth of a grain of morphia. We also caused the whole genital organs to be covered with a warm bran poultice.

Sept. 15th. The morphia produced perfect quietude, had a fine night's sleep; free from pain except slight soreness on bending the penis down, prostate glands somewhat softened, no change whatever in the priapism. He now has great difficulty in urinating, and what is passed is accomplished by introducing the finger in the rectum and pressing upward and forward the prostatic portion of the urethra. I again bled him freely (approaching syncope) for the pulse was now full and strong; also enveloped the penis and entire perineum in a plaster of the extract of belladonna, to remain six hours, and ordered a steam bath; continue the morphia in quarter grain doses, alternately with two grains gum camphor every two hours during the night, the morphia to be suspended so soon as quiet was produced.

Sept. 16th. Slept well at night; passed urine freely; little or no pain; soreness slight, priapism as on the first day. Spirits much better; good appetite; as the bowels have not acted since he took the tartar emetic, he was now ordered a full dose of Epsom salts and morphia, at bed-time; remain quiet in bed with cold cloths to the penis, in fact the latter remedy was almost continuously used.

Sept. 17th. Salts acted freely; slept well; no change in the priapism; experienced no inconvenience from the camphor, which I neglected to say had been continued for the last twenty-four hours, every two hours, in two grain doses, and was prescribed for to-day.

Sept. 18th. Penis a little more flaccid, may be brought to a right angle with the body without producing much pain. I now prescribed extract of belladonna, one grain every two hours during the night, with a plaster of the same to the perineum.

Sept. 19th. Took the extract of belladonna every two hours until six grains were taken, and perceiving great dryness of mouth with dimness of vision he suspended its use; there is still little or no change in the priapism from yesterday, in fact, the penis is hardly so flaccid as on yesterday. He was now ordered to take the ext. belladonna in two grain doses every three hours until its specific effects were again produced.

Sept. 20. Still cheerful; appetite good; passes urine freely, but no change in priapism, so he reports. I did not see him to-day, consequently no prescription.

Sept. 22d. No change since last visit. Cold water has been continued almost incessantly. Advised leeches but they could not be procured. Our remedies (and patience too, somewhat) being exhausted, without any change in symptoms, and there seeming to be no risk in the trip, our patient was permitted to return to Huntsville,

Alabama, in a two-horse wagon, to his family, where, we are informed he arrived safely, without any untoward symptoms. The disease gradually and almost imperceptibly gave way.

Mr. M. died in Memphis, Tennessee, shortly after this, but of what disease we are not informed.

### How to prevent Typhoid Fever from Spreading.

In the following will be found condensed, by Dr. Budd, of Bristol, the rules which a triumphant experience has shown to be effectual in preventing the spread of the fatal typhoid or enteric fever. The value of these rules will be recognised by all; and, in the following form, it will be found convenient to issue them as a placard in any districts where the fever may have become epidemic through previous neglect of sanitary precautions.

"*How to prevent Typhoid Fever, (otherwise called Gastric Fever, or Low Fever,) from spreading.* The means by which typhoid fever may be prevented from spreading are very simple, very sure, and the cost next to nothing. They are founded on the discovery that the poison by which this fever spreads is almost entirely contained in the discharges from the bowels. These discharges infect—1. The air of the sick-room; 2. The bed and body linen of the patient; 3. The privy and the cesspool, or the drains proceeding from them. From the privy or drain, the poison often soaks into the well, and infects the drinking-water. This last, when it happens, is of all forms of fever-poisoning the most deadly. In these various ways, the infection proceeding from the bowel-discharges often spreads the fever far and wide. The one great thing to aim at, therefore, is to disinfect these discharges on their very escape from the body, and before they are carried from the sick-room. This may be perfectly done by the use of disinfectants. One of the best is made of green copperas. This substance, which is used by all shoemakers, is very cheap, and may be had everywhere. A pound and a half of green copperas to a gallon of water is the proper strength. A teacupful of this liquid, put into the night-pan every time before it is used by the patient, renders the bowel-discharge perfectly harmless. To disinfect the bed and body linen, and bedding generally, chloride of lime or MacDougall's powder is more convenient. These powders should be sprinkled, by means of a common dredger, on soiled spots on the linen, and about the room, to purify the air. All articles of bed and body linen should be plunged, immediately on their removal from the bed, into a bucket of water containing a tablespoonful of chloride of lime or MacDougall's powder, and should be boiled before being washed. The privy, or closet, and all drains communicating with it, should be flushed twice daily with the green copperas liquid or carbolic acid, diluted with water. In the event of death, the body should be placed, as soon as possible, in a coffin sprinkled with disinfectants. Early burial is, on all accounts, desirable. In towns and villages where the fever is already prevalent, the last rule should be put in force for all houses, whether there be fever in them or not, and for all public drains. As the hands of those attending on the sick often become unavoidably soiled by the discharges from the bowel, they should be frequently washed. The sick-room should be kept well ventilated, day and night. The greatest possible care should be taken with regard to the drink-water. Where there is the slightest risk of its having become tainted with fever-poison, water should be got from a pure source, or should at least be boiled before being drunk. Immediately after the illness is over, whether ending in death or recovery, the dresses worn by the nurses should be washed or destroyed, and the bed and room oocupied by the sick should be thoroughly disinfected. These are golden rules. Where they are neglected, the fever may become a deadly scourge. Where they are strictly carried out, it seldom spreads beyond the person first attacked.

"N.B. A yard of thin wide-width gutta percha placed under the blanket, under the breech of the patient, by effectually preventing the discharges from soaking into the bed, is a great additional safeguard."—*Brit. Medical Journal.*

### Poisoning by Strychnia.

The following case of poisoning is reported to the *New Orleans Journal of Medicine*, by Dr. W. C. Mallory, of Florida.

"Mrs. W., aged nineteen years, under treatment for disease of the womb. Mr. W., (her husband) in giving what he thought to be a preparation of opium, gave two and a quarter grains of strychnia. I was called on the night of Dec. 6th, 1868, in great haste to see her, and upon arriving learned that about forty minutes previous she had taken the drug, and twenty-five minutes after taking it, she complained of feeling very queer, and becoming alarmed, I was sent for to see her.

"I found her sitting up in bed, and unable to move any of the limbs, and when moved for her, there was great convulsion. Complained of

stiffness of the jaws—speech indistinct, tongue trembling, and unable to be protruded beyond the lips, deglutition difficult, breathing laborious—pulse not much affected. Now, here was a case of poisoning by strychnia; what should be done? we have no antidote for it—it was too late to administer an emetic with any hope of success. Considering the case hopeless, I concluded to experiment. I gave her ten drops of the tincture of iodine, but deglutition was performed with so much difficulty that I also gave one drop of it per rectum, and in half an hour the dose was repeated. Up to the time of giving the first dose, she was growing worse rapidly, but as soon as the iodine was given she grew no worse, and when the second dose was given she began to improve, and in four hours was free from the effects of the drug, save soreness, which lasted during the day. My reason for trying the iodine was that in prescribing quinine and strychnia in conjunction with iodine, I had noticed a precipitate which I supposed to be the latter thrown down. May we not hope upon farther trial, the iodine may be found to be an effectual antidote for that poisoning drug?"

### Professor of Homœopathy.

President Haven, of the University of Michigan, in his last report to the board of trustees, comments on the question of introducing into the faculty homœopathic professors, as follows:

I believe that good reasons do exist why a "Professor of Homœopathy" should not be appointed, and I believe that all unprejudiced persons will be able to see them. I beg here explicitly to state that I do not argue in behalf of the medical profession, or "Allopathy," or any particular class. I am not conscious of any particular interest in any class or party, on this subject. So far as I am personally concerned, it might be more politic to say nothing on the subject, but, as a custodian of the interests of the university, I must express what the interests of sound education seem to require, irrespective of party or sect.

Observe, then, first, that we have no Professor of "Allopathy" in the University of Michigan. This is no subterfuge, but a solemn fact. If a grant of money was offered to the university on condition that a Professor of Allopathy should be appointed, I should be compelled to show the unreasonableness of the condition. We do not want in a university professors of special ideas or theories, who believe that their special ideas or theories embrace all truth in their respective schools, and that all outside of their special ideas or theories is false and to be rooted up and condemned. You make the university, by such a course, a place of strife and discord, and not a place for the harmonious inculcation of all truth. What we want in the department of medicine and surgery is a number of professors who shall present all the *subjects* and all the *information* properly belonging to the science and art of medicine and surgery. They should be, as they are, Professors of *Anatomy, Physiology, Pathology, Surgery, Diseases in General, Diseases of particular classes, Chemistry, Materia Medica*, etc., etc.—embracing the whole orb of the science and art of medicine and surgery—but not Professors of "Allopathy," "Homœopathy," or any other special theory; and the graduates should receive, not a title—"Homœopathic Doctor," or "Allopathic Doctor," or "Hydropathic Doctor," or doctor of any particular kind, but simply the old, time honored M. D.—Doctor of Medicine.

This is no sublimated, unapproachable theory, but the only proper basis of a university. The university does not establish a department of medicine and surgery in the interests of any particular class of physicians, or in the interest of conflicting classes of physicians, or with the special purpose of making doctors of any particular kind, or of all kinds, but to teach the science fully and broadly—not in conflicting schools and debates, but, as far as possible, thoroughly—without reference to local interests and partisan distinctions. Once establish the precedent that every party in the world shall be recognized by name, and have a professor bearing its *partisan name*, and irreparable injury is done to the university.

### Re-Arrangement of Apothecaries' Weights in Germany.

North Germany has adopted the French *gramme* as the basis of medical weights, and this obliges certain German States to alter their pharmacopœias. This is especially the case as regards the Grand Duchy of Mecklenburgh Schwerin; but it being evidently inconvenient that each State should make changes without concert with its neighbors, the representative of the Grand Duchy has proposed to the Federal Council to convoke a commission of medical men and apothecaries to establish a pharmacopœia common to all the States of the German Northern Confederation.

—— Reading, Pa., has a physician who visits his patients on a velocipede.

Medical and Surgical Reporter.

PHILADELPHIA, APRIL 17, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

## THE NAVAL BILL.

One of the first official acts of Secretary Borie is to urge the increase of an already notorious injustice. Influenced by the representations of narrow and self-conceited officers, he has urged upon Congress the adoption of a bill for reorganizing the navy, which so far as it applies to medical officers proposes to put them down nominally one grade, but really two grades, assimilating them in rank to the ensigns, with this important condition, that the senior assistant-surgeon shall be rated below the junior ensign. And so with all the other grades, and with all the other departments of the staff. There are assistant-surgeons, who have been in the service five, six, seven, even eight years, and who are men of superior education and capacity. By the terms of this bill they would take rank below the chubby little ensign who just came out of school yesterday. If rank is to bear any reasonable relation to the length of service, capacity, experience, and ability of an officer, the injustice of such a regulation needs no showing. The medical officers will bear favorable comparison for scholarship and general culture with those of the line, and we can imagine no good cause why they should not be treated in every respect as the equals of the graduates of the Academy. Admiral Porter rates them as rather less than gentlemen, and a little better than boatswains. The consequence of this policy will naturally be to drive out of the service nearly all the members of the staff who do it the greatest honor. For a good surgeon, civil life abounds with honors and prizes; but the Naval service of the United States offers poor pay and worse treatment. The result, in the long run, will be to fill the Navy with ignorant and shiftless men, who have not talents enough to earn a living on shore.

The efforts which have been recently made seem therefore likely to result in bringing about still more unjust relations between staff and line.

It may be the result of an entire lack of acquaintance with the true condition of things in the navy; it may be that one or two old admirals have an undue influence on his mind; certainly it cannot be an intelligent and impartial consideration of the merits of the case which has governed Mr. Borie in this.

## THE DRUGGISTS.

Now that the bill proposed by the State Medical Society to prevent the adulteration of drugs is lost, let us hope the druggists will do something for their own reputation. It sadly needs it. Even the daily papers are outraged at their selfish and suspicious actions. Hear what the *Press* of this city has to say:

"Let us see now what the druggists will do. There is no escape for them. They have an opportunity of proving to the people who buy their wares that they intend to give them value received for their money, that they will no longer palm off upon them adulterated stuffs for the genuine article. There are honest men in the trade. Let them resolve that all shall be honest. Let the College of Pharmacy reconsider its indefinite and unsatisfactory action of a few days ago and resolve, as old Henry Troth and Peter Lehman resolved, that no suspicion of fraudulent dealings shall rest upon the calling of its members. Let it in a word prove what these fathers designed it should, viz. that 'By such an association abuses might be held in check or corrected, the common interests subserved, and the *whole trade elevated in the estimation of its members and the public.*'"

## ADULTERATION OF MILK.

A Report has been made on this subject to the city authorities of Providence, embracing an examination by Dr. Wiggin of a large number of specimens. Much of it will apply to other cities as well as Providence, and deserves a wider circulation than it will get in an official document.

It seems probable, both from the investigations of Dr. Wiggin and from the reports of the Inspector of Milk in Boston, that nearly all the adulteration of milk is by the addition of water, though the quality of the milk is often much injured by skimming. If we take the proportion of water actually found in the specimens exammined by Dr. Wiggin, and make allowance for the injury by skimming, it is a low estimate to say that the milk generally sold is adulterated to the extent of ten per cent.

Dr. Wiggin says, in his report: "At this season of the year, I believe the average specific gravity of milk, from any dairy, should not be lower than 1030. Actual experiments, made at some of the largest farms in the neighborhood of our city, confirm me in this belief. There may be one cow or more in every diary, which will give milk of lower specific gravity than this, but a larger number will run higher. A very large percentage of cream lowers the specific gravity, while its removal raises it.

The following figures show the specific gravity of milk from nine cows, as I took it in the order in which they were milked,—1031, 1030, 1030, 1032, 1031, 1032, 1030, 1032, 1031. Average, 1031. The average of a dairy of fifteen cows gave a specific gravity of 1030. The average of another dairy of sixteen cows gave 1033. And so on. All the specimens I have taken from farmers' wagons on the street, give nearly the same results.

The following table shows the specific gravity, with the addition of different quantities of water, as determined by experiment.

| | |
|---|---|
| Original specific gravity, . . . | 1030 |
| 9 milk and 1 water, . . . . | 1027 |
| 8 " " 2 " . . . . | 1024 |
| 7 " " 3 " . . . . | 1021 |
| 6 " " 4 " . . . | 1018 |
| 5 " " 5 " . . . . | 1015 |

If, now, I obtain milk with a specific gravity of 1020, as I have done, what is the inference? Obviously that I get 33.33 per cent. of water. If besides this the cream be wholly removed the matter is worse still.

The percentage of *cream* varies, of course, in accordance with the conditions mentioned above. The lowest percentage of cream I have obtained from any dairy, or from any single cow, is 10 per cent. It has ranged from this up to 18 per cent.

Store-milk gives an equally wide range, only it is on the opposite side of the scale. Eight per cent. is the highest I have found, and so on down through every percentage and fractional percentage, to a few discrete flakes floating on the surface. In estimating the quality of milk by the cream, it should not be forgotten that the constant agitation it receives in transportation converts a part of the cream into butter, which sinks to the bottom of the can to be received by the last customer only. If I should find but 8 per cent. of cream on milk which had been transported from a distance by rail or otherwise, I should be unwilling to complain of the retailer, unless the specific gravity were also low."

The total *solid matter* of milk should not be less than 12 per cent., nor more than 15 per cent. In fact it nearly always fell several per cent. below this.

No doubt the adulteration is far greater in New York or Philadelphia; and no doubt, too, the frightful infant mortality of those cities is largely owing to the impurity of this popular article of infant food.

## THE TEXAS CATTLE DISEASE.

Last December a Convention of Commissioners from a number of states met at Springfield, Illinois, to discuss the origin and prevention of the Texas cattle plague. The best report of the proceedings we have seen is embraced in a report of Dr. E. M. Snow, delegate from Rhode Island. He remarks that the Convention seemed to agree on the following points:

"1. Texas cattle do not have the Texas Cattle Disease in Texas, and very rarely after being brought to more Northern States.

2. A similar disease is common among the horses in Texas.

3. Texas cattle, when brought to the more Northern States, though apparently healthy themselves, do communicate the disease to the native cattle of those States.

4. Cattle, whether brought by the river route or driven over land from Texas, communicate the disease to the native cattle of the more Northern States; but much the greater portion of the disease in Illinois, during the year 1868, was communicated by the very small portion of the cattle that was brought by the river route.

5. Cattle, native of the more Northern States, though they take the disease, and die from it, very rarely if ever, communicate it to other cattle.

6. Grown up native cattle are much more susceptible of the disease than calves or yearlings; and sucking calves very rarely take it, though their mothers may die with it.

7. Native cattle kept in pastures, or yards adjoining those in which Texas cattle are kept, do not take the disease.

8. As a general rule, for native cattle to take the disease, it seems necessary that they should graze where Texas cattle have grazed.

9. Generally, no ill effects are known to have followed the use of the milk or flesh of the diseased cattle, though there are a very few apparent exceptions to this.

10. The disease as seen in New York would seem to have been of a more aggravated character than at the West.

11. The enlargement of the spleen is found in all cases of the disease, and is perhaps the only easily detected change that is found in all cases.

12. No cure for the disease has been found. Carbolic acid is very valuable as a disinfectant, and as a preventive; but should be used with caution. With reference to the *cause* of the disease, the official action of the convention says nothing, and there was no settled uniformity of opinion in relation to it. The theses advocated were that it was propagated by spores, or cryptogamous growths, or else was in some way communicated by the innumerable ticks which infest Texas cattle. The weight of testimony was on the whole in favor of the latter view. This is cheering, as we know by proper precautions, these disgusting parasites can be destroyed.

# Notes and Comments.

## THERAPEUTICAL BULLETIN.*

Compiled by Geo. H. Napheys, M.D.

No. 9.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc., etc.

The selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form.

### *Collyria.*

Prof. Gunning S. Bedford, New York.

67. ℞. Hydrarg. chlor. corros., gr. j.
Ammoniæ muriatis, gr. iv.
Aquæ destillatæ, f.℥vj.
Ft. sol.

For purulent ophthalmia in new-born infants, the eyes to be washed with the solution several times during the day. The applications should not be confided to the nurse; they should be made by the practitioner himself, as follows: The child being placed on its back, resting in the lap of the nurse, the practitioner placing its head on his knee, with a soft sponge moistened with tepid water cleanses the eyes. The lids are then gently separated, and after everting them, the accumulated matter is removed, and the collyria applied.

It may become necessary to touch the inflamed conjunctiva by means of a camel's-hair pencil, with the following solution once a day.

68. ℞. Argenti nitratis, gr. ij.
Aquæ destillatæ, f. ℥j.
Ft. sol.

When the child falls asleep, the outside borders of the lids, in order to prevent their agglutenation, should be smeared with fresh butter, fresh olive oil, or, what perhaps is better, the red precipitate ointment. The bowels are to be kept regular with castor oil, or flake manna in solution, and above all, the eyes are to be protected against light. This treatment, if faithfully carried out, will effect a cure, and should not be surrendered for leeches, blisters, etc.

Prof. Gross states that in the purulent ophthalmia of infancy he has usually effected excellent and even rapid cures by the injection, every few hours, of tepid water, or milk and water, followed, immediately after, by a solution of bichloride of mercury, from the eighth to the twelfth of a grain to the ounce of water, and the constant application of a light elm poultice, medicated with acetate of lead, and frequently renewed. The bichloride of mercury is of all local remedies in this affection the most efficacious in its action, making generally a most rapid and decided impression upon the discharge. Very weak solutions of lead, zinc, and alum are also advantageous, but altogether inferior to the bichloride. One of the great points in the treatment of this and other forms of purulent ophthalmia is to get rid of the acrid secretions, which, if allowed to remain, always act as irritants. As to leeches and counter-iritants, they should never be employed in this disease as it occurs in infancy.

Prof. John B. Biddle.

69. ℞. Zinci sulphatis, gr. ij.
Morphiæ sulphatis, gr. 1-8.
Aquæ rosæ, f.℥j. M.
As an application for sub-acute ophthalmia.

Prof. S. D. Gross.

70. ℞. Pulveris opii, gr. ij.
Hydrargyri, gr. 1-8.
Aquæ, f.℥j. M.
To be injected every half hour, in purulent, gonorrhœal, and other forms of ophthalmia. If

* Entered according to Act of Congress, in the year 1869, by Geo. H. Napheys, M.D., in the Clerk's office of the District Court for the Eastern District of Pennsylvania.

N. B. This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

there be unusual swelling, and a rapid extension of the morbid action, the most appropriate measures are, free incision of the outer surface of the lids, extensive scarification of the chemosed conjunctiva, together with the use of the above injection. If the discharge of pus is very profuse, the inner surface of the lower lid may be pencilled over twice a day with a strong solution of nitrate of silver, (from the eighth of a grain to two grains to the ounce for the more ordinary cases, while in the more violent, it may range from five to sixty.) When the solution is very strong, it should be applied by means of a camel hair pencil, the inflamed surface having been previously dried with a soft linen rag. The solid nitrate of silver ought never to be used about the eye. When the lids are enormously swollen, (in the adult), great benefit is derived from the application to them of a large blister, the surface being well protected with gauze to prevent the fly from falling into the eye. The use of the syringe is of paramount importance in these cases, as it is the only means by which it is possible to obtain clearance of the irritating matter, and effectually medicate the inflamed surface.

George Lawson, F.R.C.S., Eng.

71. ℞. Glycerinæ, f.℥ij.
Aquæ rosæ, f.℥ij.
Aquæ destillatæ ad., f.℥viij. M.

A soothing lotion for washing the eye and lids in cases of burns and scalds. A few drops of olive-oil should be dropped into the eye, and the lids then gently closed, and some cotton wool laid closely over them, which may be kept in its place by a single turn of a light bandage. The dropping of the oil into the eye should be repeated two or three times during the day, and each time the bandage is removed the above lotion should be employed to remove any discharge which may have accumulated. This is the only treatment slight cases require.

N. C. MacNamara, *Prof. of Ophthalmic Med., Calcutta.*

72. ℞. Atropiæ, gr. iv.
Aquæ, f. ℥j.

To be dropped into the eye three times a day, in cases of syphilitic iritis in children. Mercurial ointment should also be rubbed into the thighs every other night, for twenty minutes; and thirty drops of cod-liver oil, with one-half a grain of iodide of iron, should be administered twice a day to an infant six months old. For syphilitic iritis, mercury judiciously employed, is the sheet anchor to be relied upon. The best mode of employing it in these cases is by inunction. Our author never prescribes mercury internally for children, nor does he find it necessary to push the treatment so far as to affect the gums.

According to Mackenzie, and indeed all the best authorities, atropia ought to be employed as a collyrium in every case of iritis, and in all stages of the disease, to prevent unnatural adhesions of the iris. The earlier in the affection the remedy is administered the better.

Prof. Gross says that the best remedy for iritis, in all cases, excepting perhaps the most simple, is mercury, carried to the extent of rapid ptyalism. He states that atropia does not possess the property of dilating the pupil in iritis, for the moment the iris is actively inflamed, it ceases to be influenced by narcotic applications; the pupil contracts, and no stimulus, however powerful, can afterwards excite it. In the syphilitic variety of the complaint, iodide of potassium may be advantageously exhibited, to aid in completeing the cure, after having made a fair trial of mercury.

Cullerier, (Surgeon to Hôpital du Midi, Paris), says that in syphilitic iritis, mercurial or saline purgatives, inunction, with mercurial ointment combined with belladonna, collyria of belladonna or atropia, and lotions containing opium to soothe the pain, in addition to the internal treatment suited to secondary symptoms, will suffice to effect a cure. He has never discovered any reason for sounding the praises of turpentine, so highly recommended by some authorities. Prof. Gross also reports adversely upon the use of turpentine in this affection.

Prof. Joseph Pancoast.

73. ℞. Zinci acetatis, ℥ss.
Acidi acetici diluti, f.℥ss.
Aquæ, f.℥viij. M.

An astringent collyrium.

Prof. Alfred D. Stillé

speaks of the vapor of the oil of rosemary, produced by rubbing a few drops between the palms of the hands, and then allowed to come it contact with the eyes, as having been used with advantage in weakness of these organs from nervous exhaustion.

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**Diplomas, For Sale Cheap!**

Several gentlemen in the West have kindly furnished us with copies of the following card, which has apparently been widely circulated. Such an agency is a great convenience. Sheepskin is cheap here, and costs but little more if engrossed in German text and Latin. How extremely useful such a law as that in Ohio is,

requiring a diploma to practice medicine, luminously appears from this.

"Philadelphia Collegiate Agency.

"This Agency has been in successful operation for ten years. Its object being to impart information indispensable to persons who contemplate studying Medicine, Law, Theology, Dentistry, etc., etc., and also to fill orders for Books, Medicines, Chemicals, Apparatus, Instruments, etc.

"Through this Agency, Physicians, Clergymen, Lawyers, Druggists, Dentists, etc., can obtain the Honors of the various Schools of Europe and the United States, and thus acquire the Degrees of Master of Arts, Bachelor of Arts, Doctor of Medicine, Learned Doctor of Laws, Doctor of Divinity, Doctor of Dental Surgery, etc., etc.

"For particulars, address

"——— — ———, M. D,

"(*Confidential.*) Philadelphia."

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### Ambergris.

Captain Timothy C. Spaulding, of the barque *Elizabeth*, of New Bedford, while coming southwest of Madagascar, struck a very large sperm whale. On opening the whale they had the good luck to discover 285 pounds of ambergris, worth on the spot $20,000. This rare and expensive article is found only now and then, and generally in small quantities. The old price used to be one pound of ambergris for one pound of gold. Sailors say it is a substance found on account of dyspepsia in the whale; it is never found in any but diseased sperm whales, and rarely at that. It is an essential article in the manufacture of nice perfumery.

To which the San Francisco *Bulletin* adds: "The largest piece of which we have any record previous to the above account, weighed 182 pounds, and was bought by the Dutch East India Company; 130 pounds were taken some years ago from a whale near the Windward Islands. The sailors have an eye to the lean and sick whales, and the old hands at the business prefer a dyspeptic whale, with his hidden treasure, to any amount of blubber. Ambergris contains 33 per cent. of fatty, fragrant substance called *embreine*, which is extracted by boiling in alcohol. It is, in its natural state, of a bright gray color, having streaks of black or yellow. The substance is of a waxy nature, having a very fine grain. It is held to be the morbid secretions of the liver of the sperm whale. It has a rare fragrance, and the quantity is so small that it always bears a high price. Ambergris Island, off the coast of Yucatan, takes its name from quantities of ambergris found on its shores, the excretions of whales which feed in that vicinity.

### How to Make Yourself Miserable.

In a lecture on Ventilation before the Franklin Institute of this city last winter, Mr. L. W. Leeds discoursed as follows.

One most excellent way to fill your system with smoke, and destroy half your usefulness, is as follows: get up late in the morning, eat a hurried breakfast, and immediately rush to the cars. Sit half or three-quarters of an hour in the close, foul car, and if your feet get thoroughly chilled, all the better for that purpose; a pair of tight boots is the proper thing to prevent the natural circulation of the blood. Have a care to sit with your back to the open window, and your face toward the centre of the foul car; that, too, helps. Your breakfast most probably may not have digested well, and if you feel pretty miserable in about two or three hours, you should commence eating groundnuts, and keep on at irregular intervals until lunch-time. At this happy period, if you are still a "little under the weather," and not very hungry, go to the restaurant, and eat merely a piece or two of *home-made pie*, with a glass of milk, nothing more! and I should think that would be about sufficient to keep you up to the American standard of the shameful abuse of health. If there should be anything wanting, however, you might accept an invitation to a party, and after spending several hours in a hot, unventilated room, of course you would be too much fatigued to walk home—in fact your thin-soled shoes and light party dress wont admit of it—and home you ride in a car conditioned, as regards wholesomeness and temperature, as aforesaid.

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### Case of Super-fetation.

On p. 280 of the current volume, we gave an account of a singular case of supposed superfetation in two extracts, one from the *Dantzic Gazette*, the other from the *Weser Zeitung*. (They were placed under separate headings by a typographical oversight.) The continuation of the case is translated for us from the *Weser Zeitung*, and illustrates a singular difficulty in diagnosis.

"Concerning the monstrous birth in Schliewen, we learn from the Breslau *Gazette* that Health Commissioner Dr. Abegg, of Dantzic, has written to a medical authority of Breslau, that in the tumor neither head nor limbs of a living being were to be felt; and therefore that the case appeared to be reduced to a *spina bifida*, with *cystos sarcoma*. The movements of muscles and nerve-cords which attend this by no means frequent case, have deceived a great number of

physicians. On the other hand, Dr. Preuss, of Dirschau maintains his opinion that the tumor contains a fœtus. Under the skin covering may be felt a round body, as hard as a bone, that can be nothing but a head."

# Correspondence.

## DOMESTIC.

### An Inquiry.

Editors of the Medical and Surg. Reporter:

Mary A. W., æt. 35, always weakly from a child, at the age of 14, had convulsions, (which lasted three years, eight months, and fifteen days,) coming on in the afternoon of each day, and lasting until near midnight. Every doctor in the vicinity saw this case, but, as the father says, could give no name to the difficulty. He described the convulsions as sometimes doubling her up in a heap, and sometimes making her stiff and straight. At the end of the three years and eight months she was cured entirely in five days, with verbena hastata.

At the age of 26, commenced to menstruate This lasted only three years, being always scanty and irregular. At this period she was attacked with neuralgia, which being of a severe form, she was supplied with a hypodermic syringe and morphia by her physician (an eclectic). This she has used every day since, a period of nearly six years. At the time of my first visit, six months ago, she was using morphiæ sulphas, ʒj. every five days.

The case at present presents the following symptoms. Pulse regular and full; bowels very much constipated; never moving naturally; appetite tolerably good, except at intervals, when she is troubled with pyrosis; will go a number of days without eating anything; at such times will have clonic spasms every few minutes, lasting from one minute to half an hour; the vertebræ are all very sensitive to the touch; urine rather scanty and high-colored, sp. gr. about 25; her form is good, but rather emaciated; is generally about the house while under the influence of the morphia.

The pain experienced is excruciating, being sometimes in the pectoral region, sometimes in the head, again in the extremities. At times the knee will be effected, which will prostrate her for two or three days. After the pain leaves that part, there will be no tumefaction or redness.

With the use of cannabis Indica I have reduced the morphia one-half. All medicines given seem to lose their power in a short time.

Bromide of potash in twenty-grain doses every four hours have no effect over the pain. Elixir vitriol and asafœtida will relieve the spasms generally.

I was able to get only one examination per vaginam, which was not satisfactory, as the parts were so small as scarcely to admit the end of the finger. I am now giving

℞. Potassii bromidi, ℥iss.
Fl. ext. water pepper, ℥i.
Aquæ, ℥iij.

S. Teaspoonful once in four hours.

℞. Nitrate silver, gr. ¼.
Ext. hyoscyamus, gr. j.

three times daily. Other things as occasion requires.

What more can I do for the case? Is there anything that will break up this morphia habit?

E. W. Frisbie, M. D.

*East Springfield, Otsego co., N. Y., March* 20, 1869.

### Curious Route of a Pin.

Editors Medical and Surgical Reporter:

I send you a brief account of a case which may be interesting to the readers of the Reporter.

Mr. W——, of this place, felt a rather acute pain in his abdomen, in the umbilical region, about seven months ago, which continued at intervals for several months, gradually becoming lower until he felt it in the region of the bladder, but still not severe enough to seek medical advice. About a month ago he felt it in his penis, occasionally interfering with micturition, sometimes stopping the flow of urine for a moment. A few evenings since he felt it in the head of his penis, and upon examining, he found the point of a pin emerging from the urethra about half an inch. Upon extracting it, he was astonished and frightened to find an ordinary brass, solid-headed pin, a little bent. He must have swallowed it, although he does not remember to have done so. The course of the pin was a very strange one, and it is certainly a very remarkable case.

D. C. Huffman, M. D.

*Port Byron, Ill., March* 19, 1869.

### Removal of Pebble from the Ear.

Editors Medical and Surgical Reporter:

F. A., æt. 5 years; was presented by his mother, who stated that while playing he had inserted a pebble in his ear, which could be plainly seen at the time, but had been pushed in

more deeply by attempts to remove it, made by herself and other members of the family. The child complained of pain in the ear, and seemed quite peevish. On examination, I found the auditory canal swollen, and the surface covered with dried blood. A syringe full of tepid water gently applied removed this, when there was seen resting deep down in the canal a foreign body, white and hard, and easily recognized. Chloroform was given, and the plan suggested by Jonathan Hutchison, F. R. C. S, in such cases adopted for its removal.

After a little gentle manipulation, the loop of fine silver wire passed over the body, and by gentle traction the pebble was removed without difficulty. The ear was filled with warm water, which was allowed to remain for several minutes, and then permitted to flow out. In two days all pain and swelling had disappeared. The pebble was ovoid, and completely filled up the meatus. It weighs four grains.

James Collins, M. D.

*Philadelphia, March* 1869.

### Ergot of Rye in Neuralgia.

Editors Med. and Surg. Reporter:

*Case* 1. *Tic Douleureux.* Mrs. M., aged 28, was attacked Nov. 24, 1868, with tic of a very severe nature, on left side of face, extending down the neck. Catamenia had not made appearance for two months. Ordered her to take infusi ergotæ, a tablespoonful every hour. The pain began to abate before the elapse of four hours, and at the end of eight, all pain had disappeared. Catamenia appeared at proper time, and since she has had no symptoms of neuralgia.

*Case* 2. *Tic.* Was called to see Mrs. H., half a mile in the country. Found her suffering extensively from pain in the region of inferior dental nerve, extending down into shoulder and arm Administered infusion of ergot in tablespoonful doses at intervals of an hour. Relief partial at end of four hours, complete at end of twelve.

*Case* 3. Mrs. D., age about 35; attacked Jan. 4th, 1869, with tic in left side of face, extending downward and upward into the the temple. Administered ergot as in above cases, with similar results.

So far we have used ergot of rye in no case of neuralgia where it has not had the desired effect. It was suggested to us by an article in your excellent journal of Nov. 7th, 1868. We report these cases, thinking that such statements may induce others of the profession to more thoroughly test the remedy.

Duffield & Pickens,
Physicians and Surgeons.

*Bowling Green, Ind.*

### Curious Anomaly.

Editors Med. and Surg. Reporter:

We take the liberty of transmitting to your valuable journal the history of a singular anomaly.

In the year 1861, Mrs. K., living near this place, was delivered of what seemed to be at that time, a healthy, yet very small male child, weighing but five pounds. It is now eight years of age, and weighs but *eight* lbs., having grown none at all for four years. Has never been sick; eats as much as a healthy boy of fourteen; but what is most strange, he has an operation of the bowels only *once* every three weeks, and passes urine about every third day.

It has about the same use of its limbs as a child three months old, and appears about the same. The parents of the boy are of medium size, and healthy in every respect. *Something* is suggested to our minds which consumes the food it eats, besides its own system. Upon examination we find symptoms of *tænia.*

Duffield & Pickens,
Physicians and Surgeons.

*Bowling Green, Ind.*

## News and Miscellany.

### An Insane Man Kills his Wife and Four Children.

Chicago, April 7.—A special despatch from St. Paul says, that last night, at a place eight miles from that city, in Washington county, a horrible tragedy was enacted. A man, named Gray, killed his wife and four children with an axe, mangling them in a shocking manner. He afterward cut all their throats.

They were all found lying near each other, in pools of blood, presenting a most sickening spectacle. Gray is insane. He was arrested, and is now in jail at St. Paul.

We could burden every number of the Reporter with such records as the above, and yet some of our newspapers strive to create a false sentiment in the community, which makes it difficult to place insane persons under proper restraint. A physician who gives a certificate of insanity is liable to the charges of bribery and conspiracy by irresponsible writers in the newspapers.

### Mania a Potu in the Negro.

An interesting fact asserted by Dr. Henry Yale Smith, the physician of the Philadelphia County Prison, is, that during all his long and extended experience in the treatment of cases of *mania-à-potu* (twelve years of which he has been a physician of the prison), he never yet has seen

a case of *delirium tremens* in a pure negro. This fact was asserted by the Doctor many years since, and he has stated recently that he had seen no cause to change his opinion in that respect.

### Tennessee State Medical Society.

Officers for coming year:

*President.*—J. F. Grant.

*Vice-Presidents.*—Frank Ramsey, S. P. Crawford, William Nichol.

*Secretary and Treasurer.*—J. D. Pleinket.

*Corresponding Secretary.*—Daniel Du Pué.

—— Dr. James M. Stewart, one of the oldest citizens of Indiana, Pa., died in that borough on the 26th ult., in the seventy-eighth year of his age. In the winter of 1831–2, Dr. Stewart was a member of the Pennsylvania Legislature, but, we are informed, "remained only a part of the session, when, completely disgusted with the position, he asked leave of absence, and returned to his practice." Sensible man!

—— Quite an excitement was created in Paducah, Ky., by the discovery that a physician had a body of a negro in an outhouse, which he had procured for dissection.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

## MARRIED.

Eakin—Robinson.—March 25th, by Rev. Wm. Glenn, Dr. Fletcher R. Eakin, of Wheelersburg, Scioto co., Ohio, and Miss Mary A. Robinson, of Addison township, Gallia co., Ohio.

Giffin—Colburn.—In Glover, Vermont, March 7th, Dr. C. M. Giffin, of Hardwick, and Fannie J. Colburn, of Barton, Vt.

Porter—McAfee.—Feb. 22d, by the Rev. J. W. Hamilton, J. H. Porter, M. D., of Green co., and Miss Hannah McAfee, of Washington co., Pa.

Sands—Beck.—April 8th, at Trinity Chapel, New York, by the Rev. Samuel Cooke, D. D., Philip J. Sands and Elizabeth M., daughter of the late Dr. John B. Beck.

Smith—Sykes.—On the 14th of March, 1869, by Rev. Joel Foster, Dr. Quintius C. Smith, late of Tenn., and Miss Mary, daughter of Henry and Nancy Sykes, of Stoddard co., Mo.

## DIED.

Burr.—In Westport, Conn., March 17th, David Burr, M. D., in the 83d year of his age.

Hoagland.—March 19th, at Des Moines, Iowa, very suddenly, of apoplexy, Dr. C. C. Hoagland. He was a graduate of Rutger's College, and of New Haven Medical School.

Sargent.—In this city, on April 3d, Samuel B. Sargent, son of Dr. W. Sargent, aged 20 years.

Smith.—March 20th, in New York, Emilie Berg, wife of Hanbury Smith, M. D., born in Stockholm, Sweden, October 21st, 1809.

Spring.—At his residence in New York, April 8th, after a short illness, Samuel Spring, M. D., eldest son of the Rev. Gardner Spring, D. D., aged 62 years.

Stevens.—On Tuesday, March 30, at his late residence No. 58 West Forty-ninth st., Alexander H. Stevens, M.D., in the 80th year of his age. Obituary next week.

Watson.—March 24, at Donegal, Lancaster co., Pa., David R. Watson, M. D., aged 23 years.

## OBITUARY.

### Dr. Robley Dunglison.

At a meeting of the Alumni and Students of the Jefferson Medical College, held at the College building, Friday, April 9th, 1869, Dr. W. W. Keen in the chair, and Dr. T. H. Andrews, Acting Secretary, the following preamble and resolutions were adopted.

*Whereas*, We have heard, with profound regret, of the death of Professor Robley Dunglison, our former instructor, and Emeritus Professor in this institution: therefore be it

*Resolved*, That in the death of Professor Dunglison, we mourn the loss of one who, by his great learning and indefatigable industry, contributed largely to the advancement of the science of medicine, and to the success and distinction of the institution with which he was long and honorably connected as Professor and administrative officer.

*Resolved*, That, distinguished alike for his amiable qualities of heart and integrity of purpose, we ever found in him a kind friend and wise counsellor.

*Resolved*, That we tender to the bereaved family our deepest sympathies in the great loss they have sustained.

*Resolved* That these resolutions be published in the papers and medical journals of this city, and that a copy be transmitted to the family.

S. Weir Mitchell, M. D.,
Chairman of Committee.

## QUERIES AND REPLIES.

*Dr. W., of N. Y.*—"A few days since, the friends of a patient of mine becoming impatient during a case of labor, insisted on a consultation. It was had. Another consulting physician being at the bedside of the patient after it was decided to apply the forceps, I remarked cursorily to him, 'Doctor, will you, or shall I apply these?" holding out the forceps. Without making any reply, he received them from my hands, applied them, delivered the woman, and within thirty-six hours my services were no longer needed. My passing the forceps was simply an act of courtesy, which I fully expected him to acknowledge and decline in my favor. But in place of this, he received and applied them, and I was dismissed, the patient's friends stating to me at the time, that she and they had lost confidence through this act alone. Who was right? Or, rather, did I err in this little civility? Or was he wrong in not declining in my favor when the question was put in the manner stated?"

It would have been certainly more courteous in the physician to have asked you if you did not prefer to apply the forceps—but you should not have made the offer unless you were sincere in it. His conduct was not entirely polite, nor yours entirely candid.

*Dr. W. C. W., of Ark.*—"What is the most condensed work on Surgery?" The last London edition of Druitt's Surgery is the book for you.

*Dr. J. H. P., of Del.*—We should be pleased to receive a report of the case.

*Dr. S. M. S., of Pa.*—We shall send you Hooker on Homœopathy, if we can find it. Dr. Hooker presents this point very neatly.

*Dr. E. A. O., of O.*—We can send you, by mail, a colpeurynter for 50 cents, post-paid.

## METEOROLOGY.

| March, | 29. | 30, | 31. | A. 1, | 2, | 3, | 4. |
|---|---|---|---|---|---|---|---|
| Wind | N. E. | W. | N. W. | N. W. | N. E. | N. W. | N. W. |
| Weather | Cl'dy Rain. | Cl'dy. | Clear. High wind. | Clear. | Cl'dy. Rain. | Clear. | Cl'dy. Snow-squally. |
| Depth Rain | 1 6 10 | | | | | | |
| *Thermometer.* | | | | | | | |
| Minimum | 39° | 37° | 40° | 31° | 32° | 35° | 28° |
| At 8, A. M. | 47 | 50 | 48 | 40 | 45 | 43 | 38 |
| At 12, M. | 47 | 60 | 52 | 53 | 50 | 47 | 42 |
| At 3, P. M. | 47 | 62 | 50 | 53 | 52 | 50 | 41 |
| Mean | 45. | 52.25 | 47.50 | 44.25 | 44.75 | 43.75 | 37.25 |
| *Barometer.* | | | | | | | |
| At 12, M. | 29.5 | 29.8 | 29.9 | 29.9 | 29.9 | 30. | 30. |

*Germantown, Pa.* B. J. Leedom.

THE

# MEDICAL AND SURGICAL REPORTER.

No. 634.] PHILADELPHIA, APRIL 24, 1869. [Vol. XX.—No. 17.

## Original Department.

## Communications.

### OVARIOTOMY.

By Drs. Joshua B. and Chas. M. Graves.

Of Corning, N. Y.

Reported by Chas. M. Graves, M.D.

May 28th, 1867, Dr. J. B. Graves was called to see Julia A. Redfield, of Hornelsville, New York, a spinster, who was suffering from an ovarian tumor.

She had been in ill health for a year previous to his visit; had suffered much from a pain in her left side, and had gradually gained in flesh during that time. The exact site of the pain she had been unable to locate. Her menstruation had been perfectly regular, and for six weeks past has had increased pain and cramps in abdomen—had suffered for years from neuralgic pains in different parts. Upon careful examination, Dr. Graves discovered an ovarian tumor occupying the entire left side of abdomen, a part of the right, and extending well down into the pelvic cavity.

The following day, assisted by Drs. Robinson, Sr. and Jr., and by Dr. C. M. Graves, the tumor was removed.

An incision was made in the median line, two or two and one-half inches below umbilicus, about three inches in length. The tumor brought to the opening; the cysts punctured one after another, until reduced sufficiently to pass through the opening, when the pedicle was ligated, and being too short to fasten in the incision, was returned into the abdomen, the wound closed by sutures, a bandage placed over all, and the patient returned to her bed. The pedicle was in this case as stated, too short to use the clamp for ligating it, and hence silk ligatures were used and fastened to a block of wood, well covered and wadded and placed over the incision.

The tumor was a multilocular one, consisting, however, of only four or five large cysts containing different kinds of fluid matter. The sac when removed weighed twelve pounds, the entire tumor forty pounds.

There were in this case no adhesions. The womb was, however, greatly hypertrophied.

First day after operation her pulse was 110 in the morning; same night, 90. Morphia three-fourths grain, and quinine one grain, were given. Her pulse continued same for three days, when her bowels moved naturally, and pulse came down to 105; the fifth, 100, and dropped one or two, day after day, until two weeks had elapsed, when her pulse was 70.

After the first week had passed, she regained her appetite, which then continued good. Two weeks after the operation she had severe pains in right crural nerve; narcotics of all kinds and local applications were used, but without avail. The pains continued off and on for six weeks, when she travelled forty miles on the cars to visit a relative. The ligatures had not, however, yet come away; the wound closed, except about the ligatures, and from the opening about them there continued some discharge for six months; when the ligatures came away the wound healed. During this time the womb continued to enlarge. At this time she passed into the hands of another physician, from whom we are unable to obtain any details of her case; but are informed that she died one year and a-half after the operation from cancer of the womb.

### Death of Professor Grisolle.

Prof. Grisolle died on the 10th of February last, in the 58th year of his age. He had been withdrawn from the world of science for three years previously by a stroke of apoplexy. At the funeral, which recently took place in Paris, the pall-bearers were the Dean of the Faculty of Medicine; M. Blache, President of the Academy of Medicine; M. Husson, Director of l'Assistance Publique; and a member of the Société Médicale des Hôpitaux. Addresses were pronounced at the tomb by M. Behier, M. Chauffard, and M. Millard.

# Hospital Reports.

Jefferson Medical College,
*Philada., Nov.* 4, 1868.

Surgical Clinic of Prof. Gross.

Reported by Dr. Napheys.

### Otorrhœa.

Thos. C., æt. 8. The hearing of the right ear is impaired, and there has been a discharge from it for a year. His father died of consumption; mother is perfectly healthy; one brother died of Pott's disease of spine; child resembles its father. He has light hair, bluish eyes, and light complexion. The discharge is often very offensive, and sometimes bloody. The petrous portion of the temporal bone is in a state of caries.

He was ordered an injection of permanganate of potassa, one quarter of a grain to the ounce of water, to be used several times a day, following an injection of warm water. Permanganate of potassa is a powerful deodorizer, as well as an alterant, detergent, and slight stimulant. In addition to this, some preparation is indicated to improve the condition of the system, of which this local trouble is merely the manifestation and symptom. This child has what is known as a strumous affection of the ear. Whether the disease is scrofulous or specific, it is difficult to determine.

The boy was put on the use of the iodide of potassium, two grains, and one-twentieth of a grain of bichloride of mercury ter die, to be taken in a little sweetened water immediately before breakfast and dinner, and at night when he goes to bed. Diet should be plain, simple, and nutritious.

Scrofulous diseases are exceedingly uncommon. What is usually so regarded by practitioners is nothing but a syphilitic taint of the system in the third, fourth, or fifth generation of that disease.

### Whitlow.

Mrs. ——, æt. 36. This patient has an idiopathic inflammation of the left thumb, *i. e.*, not the result of any injury or accident, but coming on without any assignable cause, as an expression of some disorder of the system, a derangement of the digestive organs, a suppression of some secretion, or some irregularity of which she is not conscious. These local affections usually have constitutional causes, and unless such a connection be traced, much progress cannot be made in their treatment. The profession is indebted to Abernethy for having pointed out the constitutional origin of local disease, a subject entirely too much neglected at the present day.

This affection of the thumb is called whitlow, felon, or paronychia. There are several affections of this kind described, differing only in the degree of their severity. One of them begins in the subcutaneous cellular substance or in the skin itself; another, in the deeper structures, in the periosteum or in the bone. They are all liable, especially if permitted to go on unmolested, to terminate in very severe inflammation of all the structures of the affected member, eventuating in the loss of the nail, and in destruction of the last joint of the thumb or finger. It is a disease which cannot be made to abort or delitesce, but may sometimes be induced to terminate in resolution.

The early treatment should consist in leeches, the application of tincture of iodine, or of a blister, and of proper constitutional remedies, as purgatives and depressants, if there is much constitutional disturbance, as frequently happens when the inflammation is very violent. In the course of twenty-four or thirty-six hours, even before the occurrence of fluctuation, the proper remedy consists in making a free incision, the knife grating over the bone so as to make a distinct noise. That is to say, it is necessary to divide the skin, cellular tissue, tendon, fibrous sheath, periosteum, down to the very bone; otherwise it will not answer the purpose, and the incision should not be a small one. It should be both deep and long.

This incision relieves the engorgement of the vessels and the tension, and affords an opportunity for the escape of inflammatory deposits, serum, plastic matter, or pus, as the case may be. It always relieves pain, so that the patient may go to sleep one-half hour afterward, and remain asleep for a dozen hours subsequently.

If the bone is in a state of necrosis, wait until it is detached before removing it. It is not uncommon for a portion to be destroyed, and for the rest to retain its vitality. Under such circumstances, a very good phalanx is formed. Sometimes when the periosteum is saved in a state of this kind, there is a subsequent reproduction of bone, as was long ago taught by Dr. Dudley, formerly Professor of Surgery in the Transylvania University. It has been the general practice of American surgeons for a long time, to preserve as much of the periosteum in their operations as possible.

A free incision was made, and the application of a flaxseed poultice directed.

**Excision of Inferior Dental Nerve for Neuralgia.**

Wm. J. C., æt. 22. This case is one of a very interesting character. The patient has had a violent form of facial neuralgia for three years. He has suffered great agony from the excruciating pain. Every attempt at talking, mastication, or deglutition, is attended with an aggravation of the symptoms. His life has become burdensome. His lips and cheeks are in constant spasmodic action. The expression of the countenance is denotive of pain. The angle of the mouth is constantly drawn over to the right side. The pain is more particularly severe along the right side of the upper and lower lips. Both the upper and lower teeth were extracted, without even temporary benefit. The pain is most severe when he eats. It very often wakes him at night. It is worse when the weather is wet. Every medical measure has been tried in vain.

As the probability is that the pain is confined chiefly to the branches of the inferior dental nerve, it is proposed to make an incision along the course of that nerve, curvilinear in shape, carrying it nearly as far as the symphysis of the chin, and to perforate the bone with a trephine, making thus three, four, or five openings, and then to take out this nerve in its entire length. Prof. Gross has performed this operation in a number of cases, and in all of them with very decided relief. Inasmuch as all the ordinary remedies against neuralgia have been tried in this case without any avail at all, the probability is that the immediate cause of the difficulty is pressure exerted upon the nerve in the long canal through which it passes. The nerve itself is probably not diseased, but simply encroached upon in the manner indicated. In performing the operation, the inferior maxillary artery will, of course, be divided. This will be ligated, and the flaps dissected up to expose the surface of the bone. Then, by means of the trephine, the external plate of the jaw-bone will be divided, and thus admission obtained to the seat of disease.

The patient was placed under the influence of chloroform, and the operation performed in the manner detailed. The wound was dressed with the twisted suture.

Nov. 7th. The patient has had no neuralgic pain since the operation. There is a slight erysipelatous blush in the neck, which was painted with dilute tincture of iodine. The extirpated nerve has been microscopically examined, and no evidence of disease detected in its structure. It is therefore probable that the stream of nerve fluid was interrupted by some pressure upon the nerve, giving rise to the neuralgia.

# Editorial Department.

## Periscope.

**Coal-oil as a Medicinal Agent.**

Dr. John Mulvany, contributes the following article to the *Brit. Med. Journal.*

Coal-oil, as an illuminating agent, has been in use from the most remote antiquity. Mention is made of it in the writings of Herodotus and Pliny. Its name, petroleum, was given to it on account of its being found issuing from crevices in the rocks in Agrigentum, Zante, Persia, etc. Its more modern and less classic designation, coal-oil, was given to it on the supposition that it is produced by a subterranean destructive distillation of coal, effected by means of the internal heat of the earth. Whether this theory or its converse —viz., that coal is formed from petroleum—hold good, is a subject worthy of the attention which it at the present moment excites, but one in no way bearing on the subject of the present paper. It may not, however, be irrelevant to state, that petroleum is now universally considered to be the result of a slow process of decomposition of the woody fibre of plants, and in a minor degree, of the tissues of the lower animals; that it is found issuing from the soil in various parts of Canada, and exuding copiously from the Devonian sand-stones, in several states of the great Republic, south of the New Dominion, and in connection with limestone and rocks of all ages, Palæozoic, Lower Silurian, and others, up to the tertiary period. As it issues from the "springs," it is unfit for either lighting or medical purposes. Although used by the Indians as an external application, the hydrocarbons with which it remains charged—naphtha, benzole, benzine, etc.—render its application exceedingly risky; high inflammation, and even mortification, having resulted from its incautious application to abraded surfaces. For medicinal purposes, therefore, oil of great purity should be procured. As a general rule, that refined in Canada will be found sufficiently free from impurities, the temptation to adulterate it with the more volatile hydrocarbons being comparatively slight, on account of the much smaller demand for it for exportation, and the vast number of coal-oil wells in the dominion. When pure, petroleum is of a clear slightly amber tint, having a blueish tinge when examined by reflected light. In composition, it is a hydro-carbon, having its two constituary elements in equal proportions, its formula

being C 24 H 24 according to some, whilst others place it in the marsh gas series, and state its composition to be C 18 H 20. Its odor is penetrating and disagreeable; specific gravity, 815; point of ignition, 117 to 128° Fahr. Specific gravity, as a test of its purity, is worthless. Fraudulent manufacturers sometimes substitute a mixture of heavy coal oil and naphtha for the pure article, which has the same specific gravity. Its point of ignition will be the surest index of its purity; the volatile hydrocarbons with which it is sometimes adulterated being much more explosive and inflammable at a lower temperature. Petroleum at one time, I believe, was officinal in our *Pharmacopœias;* but, owing to its impurity, and its *modus agendi* not being, perhaps, correctly appreciated, it fell into disuse, and at the present day is but little used, except by Indians and quacks. I was first led to suspect that it might possess therapeutic properties which would repay investigation by accidentally discovering that it was an excellent application for

*Burns or Scalds.*—In the summer of 1867, an engineer on board one of the boats on Lake Erie was accidentally scalded in the right wrist. The scald, measuring three inches in diameter, was produced by steam, and corresponded in severity to the third order of burns, according to Dupuytren's classification. Petroleum being the nearest species of oil at hand, he applied it freely to the part, and kept it constantly applied until I saw it next day. I was equally surprised at the application which he used, and at its results. The part looked so healthy and nice that I advised a continuance of the treatment, and watched its effects. From day to day the improvement was rapid and uninterrupted. No flabby or unhealthy granulations formed, and cicatrization took place with remarkable celerity. Its application was momentarily painful, but assuaged in a very short time the intense pain of the scald.

*Ulcer.*—The patient, a young man, aged 25, came under my care on March 5th, with an ulcer situated over the right gastrocnemius. He had been suffering from it for a fortnight previously to applying to me. At the date of his application, the sore measured one inch and a quarter in diameter, was partially covered with a thick scab, and surrounded by a purple zone, which measured two inches and a half from the edge of the ulcer to its circumference; it was the seat of a severe burning pain, which almost entirely prohibited locomotion. Under the usual orthodox treatment—cataplasms and water-dressing, etc.—less than twenty-one days would not suffice for a cure. On the morning of the 5th, I applied a poultice to remove the scab, and in the afternoon I dressed the entire sore, ulcer and zone, with lint saturated in coal-oil, and a bandage. On the 6th, at 9 A. M., the inflammatory zone had quite disappeared, and the swelling had so much subsided, that the part looked wrinkled and had a whitish brawny appearance, as if shedding its epithelium. There was no pain. The oil was continued. In the evening, the pain which restrained his movements on the previous day having completely subsided, my patient got up a little impromptu pugilistic drama on the forecastle, with one of the jolly tars, in which he gave a great exposition of the art. The only advantage which accrued to him from the elegant performance in which he figured as principal actor was simply a confirmation of the old adage, "*Joco di mano 'joco villano;*" an advantage which, if his mind had been more philosophically disposed, might compensate for the sundry *meurtrissures* sustained by his body, and the aggravated condition in which I found his leg, which was more swollen, more red, and more painful than when he came under treatment. However, I again applied the coal-oil, and had the satisfaction of witnessing on the following morning (the 7th) the same gratifying results which I had observed on the preceding day. The patient now remained quiet, and in a few days the coal-oil was changed for water-dressing, the surrounding inflammation having entirely subsided, and the ulcer commenced to cicatrize healthily. I have since employed it with equally satisfactory results. In bringing forward coal-oil as a remedy of incalculable value in the treatment of ulcers, I do not claim for it any specific virtues, its action consisting simply in dispersing the surrrounding congestion, and reducing inflammatory action to a condition favorable to the proper development and organization of healthy lymph, at the same time that it exerts a healthy influence on the ulcer itself, be it indolent, irritable, or sloughing.

*Phlegmonoid Inflammation.*—W. M., aged 31, applied to me for an extensive phlegmonoid inflammation of the leg. The whole of its middle third was much swollen, the swelling shading off towards the ankle and the tubercle of the tibia. Over the centre of the crest of the tibia there were considerable pain, redness, and pitting on pressure; and the heat was so great, that cold applications to it became immediately vaporized. This patient wished to be married in four days. Here was a predicament! Were I to treat his leg by cold applications, there would not be the least likelihood of his becoming a benedict in less than

seventeen days; were I to apply cataplasms and make incisions, the chance of his putting his head into the matrimonial noose, would be equally remote; accordingly I enveloped the affected part in lint saturated with coal-oil, and applied a bandage, strictly enjoining him to remain quiet, which he did. Next day, the swelling and heat were much reduced; the part seemed wrinkled and brawny, and the pain was much less. The application was continued. On the third day, the swelling over the shin had quite disappeared. There was no pain nor pitting on pressure, and no abnormal heat; but, on each side of the tibial crest, there was a slight degree of redness, and minute papulæ-like sudamina had formed about the roots of the hairs from the constant contact of the oil. The application of coal-oil was omitted, and cold water dressing was applied. On the fourth day (Sunday), he was well.

If coal-oil has such a controlling power over congestion or inflammation of external parts when applied topically, I reasonably inferred it would exercise a similarly curative influence over the same diseased conditions in internal parts, if we could only apply it topically to them. But not knowing at this time but that it might be possessed of toxic qualities when administered internally, I tried the effects of a small dose on myself, and became satisfied that it was neither poisonous nor palatable. I accordingly determined to try its efficacy in a case of

*Chronic Duodenitis*, and prescribed it as follows:—℞. Olei petrolei ℥ss.; chloroformi ʒss.; tincturæ cardam. co. ʒj. M.

From fifteen to twenty drops were dropped on sugar, and taken three hours after each meal. My object in mixing the chloroform with it was to disguise the smell and taste. The cardamoms were simply intended to give it a color, and still further disguise its taste. In giving it three hours after meals, I expected that it would pass from the stomach with the end of the chyme, and come directly into contact with the inflamed portion of the duodenum. After taking a few doses, the pain subsided, and did not return as long as the patient continued the drops. When these were out, the pain again returned; and, as I was not quite certain whether the beneficial effects were attributable wholly to the coal-oil, or in part to the chloroform, I reduced the quantity of this in the next bottle from half a drachm to ten drops, and gave the same dose as before. The pain again disappeared and never returned.

*Dysentery.*—Soon after this, in the cold weather towards the end of February 1868, I became the subject of a rather smart attack of dysentery. The same reasoning which led me to administer it in the above case, determined me to employ it *in propriâ peosonâ*. So mixing an ounce of it with two ounces of water, I injected it into the bowel—not, I must confess, without some little timidity, and with but little advantage. An hour subsequently, I injected two ounces of the oil, and the same quantity of water, with immense relief to the painful feeling of fulness in the rectum and the tenesmus. Encouraged by the almost instantaneous improvement, I two hours afterwards threw up between four and six ounces of the pure oil, retained it as long as possible, took a dose of castor-oil, and was free from all dysenteric symptoms next day.

*Erysipelas.*—At my suggestion, petroleum was used as a topical application to facial erysipelas, by a civil practitioner in Dunnville, with much benefit. At the same time I had a case of erysipelas of the velum and uvula under treatment, over which nitrate of silver, solution of tannin in glycerine, and various other remedies, exerted no control whatever. The velum was much congested, relaxed, and of a dusky violet color. The uvula was enormously elongated, of the size of a small pear, ulcerated on each side, and covered with albuminoid patches. As a *dernier resort*, I applied coal-oil freely to the velum and uvula three times a day, with an almost immediately perceptible improvement.

*Erysipelatous Laryngitis.*—March 22d. G. D., aged 30, came under treatment for congestion of the spine, which yielded to the treatment employed. Two days, however, before its final disappearance, (April 8th,) erysipelas of the fauces set in, which slowly extended down the pharynx, from which it passed into the larynx, producing total inability to swallow either solids or fluids; these seemed to pass to the root of the tongue, remain there a second or two, and be entirely ejected. The back part of the tongue became quite black, the tip remaining whitish and moist. The breathing became embarrassed; air entered and passed out through the glottis with a hissing sound. Dyspnœal paroxysms from laryngeal spasms set in, increasing in severity as they augmented in number. From the forenoon until 4 P. M., he had three of these attacks. The last proved nearly fatal; the poor fellow staggered about the room like a drunken man, clutching at his throat, as if to remove the obstruction; and at his ribs, as if to forcibly inflate the lungs; his eyes were fixed and staring, and the perspiration stood in large beads on his forehead. Lest a fourth paroxysm might prove fatal, I made preparations for opening the larynx;

but, before proceeding to operate, I applied the stethoscope, and found evidence of the disease having extended two or three inches into the trachea. Deeming the case, therefore, badly suited for laryngotomy, I, instead, by means of an atomiser, threw about a drachm of coal-oil, in the form of spray, into the larynx and trachea every two hours. The relief to the dyspnœa was immediate; the breathing became easy; and, after a few inhalations, the power of swallowing was regained. Towards morning, he felt the premonitory symptoms of another paroxysm coming on; so, jumping out of bed, he seized the atomiser, inhaled the coal-oil spray, and returned to bed, feeling comparatively comfortable, and thankful that the impending attack was averted. He had no more dyspnœal paroxysms, nor did he again experience difficulty in deglutition; but, I regret to say, the onward march of the erysipelas was not arrested. Inch by inch it invaded the air-passages, until it passed into the most minute ramifications of the air-tubes, and terminated fatally by hæmoptysis.

*Ischio-rectal Abscess.*—A poor man, aged 60, placed himself under the care of a person practising as a homœopathic doctor in Dunnville, on the Grand River, Ontario, in the month of June, 1868, for ischio-rectal abscess. The bump of caution must have been developed to an enormous extent on this son of Hahnemann, or his ignorance must have been profound; for he poulticed and poulticed the poor man until not only both ischio-rectal fossæ became involved, but the scrotum also. When the case came under the care of Dr. McCallum, a regular practitioner of the village, the scrotum had attained the size of the head of a nine months old fœtus; and extensive incisions into it, as well as into the fossæ, had to be made. When I saw him, in a few days afterwards, he was in the most miserable plight I have ever witnessed. His right fossa resembled a rabbit-burrow; fœtid matter ran in streams through an enormous gash by the verge of the anus. The left fossa was distended with matter, which could not escape against gravity. The patient lay on his left side. The scrotum was sloughing, and the smell was most intolerable. The poor man's agony was extreme. I received Dr. McCullum's permission to apply coal-oil. So, having thoroughly cleansed the abscess with warm water by means of an enema-machine, I inserted the nozzle into the abscess, and Dr. McCallum pumped coal-oil into it, until it must have come into contact with every portion of its walls. The scrotum was dressed with lint soaked in coal oil, and he was given a morphia pill. The poor man rested better that night than he had done for many nights before. When I met Dr. McCallum a few days afterwards, and asked him how his patient was getting on, and how the coal-oil was doing with him, "The right fossa," he said, "is granulating nicely. The coal-oil is an admirable application. I omitted it one night, and the patient did not get a wink of sleep. Next night, I applied it again, and he slept until morning."

*Sprains.*—As an application to sprains, coal-oil is probably unsurpassed, reducing pain and removing the swelling with remarkable celerity. M. Y., aged 30, was knocked down by a dog on the 10th ult. He fell on the back of his right hand, and started some of the ligamentous structures of the carpus. Immense swelling succeeded, which, in the course of a day or two, extended to the middle of the fore-arm. The part was exceedingly painful from the first; but, about the fourth day, it extended up to the shoulder, and for this I had to give opiates. To the swelling I applied cold lotions; but these produced neither an alleviation of the pain nor a diminution of the swelling. Warm fomentations, for which I had to change them, produced a more soothing effect; but, these being of little use, I had the shoulder well rubbed with coal-oil, and the same applied to the hand and fore-arm by means of lint, and retained in position by a bandage. This was on the 15th. On the morning of the 16th, he informed me that he slept pretty well during the night; that the pain was much less. The swelling had very much decreased. On the 17th, the pain was all gone from the shoulder; the swelling nearly gone. On the 18th, the swelling was almost quite gone from the hand and fore-arm; but the skin was a little red, and had a number of papulæ around the hairs. The petroleum oil was omitted, and water-dressing applied. On the 20th he was well.

*Rheumatism.*—Petroleum enjoys an entensive and well-deserved reputation, as an external application in chronic rheumatism.

*Black Knot on Fruit-Trees.*—Some of the fruit trees in the New Dominion, more especially the plums, are annually attacked by flies, which pierce the bark and deposit their eggs in the trees; the punctured part swells, and exudes a resinous fluid, which forms what is popularly known as the black knot; in this, the young flies are brought into existence, and, by-and-by escaping, sting the fruit, and cause its destruction. Such, at least, is the history of the black knot, which I received from an accomplished gentle-

man, a Catholic priest, but lately a medical man. However, it is a fact, that the destruction of the eggs or young flies in the black knot has been found by gardeners to be the surest means of preserving their fruit. For this purpose, they incise the knot, and swab it freely with coal-oil.

*Itch.*—Acting on the hint thus furnished me, I make use of coal-oil for the cure of itch, with an almost unvaried success; out of about forty cases, only one proved rebellious to its influence. For the cure of the pruriginous affection which attacks many at the setting in of cold weather, it is equally successful. In cases of itch it is peculiarly invaluable, since it removes the necessity for segregation or suspension from duty.

*Mode of Action.*—These few cases, which I have selected from many others, will, I trust, suffice to call the attention of the profession to what, in my opinion, will be found to be one of our most invaluable antiphlogistics. As a topical application to inflamed parts, it is, judging from my limited experience, unsurpassed by any other known remedy. It possesses also two other advantages, which materially enhance its value as a remedial agent. First, it is always at hand; and, secondly, it is extremely cheap, the very purest not costing more than 18 or 20 cents per gallon. Its mode of action is simple, combining, as it does, stimulant and astringent with anodyne properties. It acts by restoring tone to the paralysed contractile textures of the small arteries and veins, whereby the retardation of the blood-current is overcome, the stagnant corpuscles urged from the capillaries and venous radicles into the general circulation, and the condition on which the transudation of serum and blood, etc., depends, removed; whilst, at the same time, it so materially expedites the absorption of the effused fluids that the parts, swollen by the products of effusion or capillary rupture, shrink with such celerity as to give the part a shrunken, wrinkled, and brawny appearance in, at least, twenty-four hours. It may be that it is owing to this shrinking that the rapid cessation of pain is produced. It does, however, unquestionably relieve pain even where there is no inflammatory effusion, and, I am inclined to think it exercises an anodyne influence, by directly acting on the nervous filaments distributed to the cutis. When rubbed on the skin, or thrown on it in a fine spray by means of an atomiser, it produces a sensation of numbness and of partial insensibility, which soon passes into a pricking sensation, then becomes hottish, and soon passes off. Trying to remove its disagreeable smell, I passed it, in a state of vapor, into a bottle of chlorine gas. A heavy oily compound resulted, devoid of the characteristic odor. I applied some of this to my wrist, but it caused so much pain and smarting, that I imagined I had discovered an instantaneous blistering fluid. It did not, however, vesicate, and the pain soon passed off.

The efficacy of coal-oil in the treatment of black knot and itch shows it to be destructive to the lower organisms; on which account it might probably be useful in those cases in which carbolic acid is employed.

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### The Milk Fungus.

If we examine under the microscope the superficial layers of cream, we perceive, amongst myriads of globules of milk and of fat, small elongated bodies, accompanied generally by finely punctured masses, such as are found usually in putrefying substances. These are detected in greater numbers at the end of about fifteen or twenty-four hours in summer, and of three days in winter, but *always before the milk manifests any sour taste.* These corpuscles are the spores of a fungus.

This fungus is found not only in milk, but in butter and cheese; even in fresh butter the fungus is met with. The researches of V. Hessling, as reported in *Virchow's Archiv*, are of great importance in regard to alimentary hygiene, inasmuch as milk and its products are the aliments of vastly the greatest consumption. It is essential to observe that the fungus exists even when the milk does not show the slightest sour taste. The author believes that many of the disturbances of digestion are attributable to the existence of this fungus. He directs attention to the matter especially in its bearing on the dietary of infants, of which milk is almost the exclusive basis, and in whom intestinal irritation is so frequent and so serious in its degree. The facts published by Dr. Falger, in another number of the *Archiv*, seem to corroborate the opinions of V. Hessling. He has observed that severe intestinal symptoms have at once ceased in infants under the adoption of some very simple precautions, which he details as follows:

To give the milk as fresh as possible. In the interval between the milking and the administration of the milk to the child, to keep it in a bottle completely filled and tightly corked so as to exclude the air; and, lastly, to preserve as nearly as possible the natural temperature of the milk as it comes from the cow.—*Med. Press and Circular.*

### Sarracenia Purpurea in Variola.

Dr. W. E. Glenn contributes the following experience with this agent in the St. Louis *Med. Reporter:*

In the early part of the spring of 1865, a very severe and malignant form of confluent variola made its advent amongst the soldiery in Rolla, Mo., at that time a large military post. For several weeks it was confined to the military, but ultimately it spread to the citizens of the town with such violence and fatality that panic seized the community, and all who could, left or moved their families into the country, into tents and such houses as could be procured beyond the reach of its ravages.

About the first of June I was appointed health officer of the town, and at once took measures to check the growing epidemic. A hospital was established two miles from town, and all affected with variola, without distinction, were moved thither. The fatality was very great, especially amongst the negroes, in whom the ordinary treatment availed but little. Any remedy that could mitigate, if not abate, the virulence of the epidemic was a boon greatly desired, and difficult to find, when I thought of trying the sarracenia purpurea. In clutching at this straw, I anticipated but little success, rather "hoping against hope."

I procured some of the leaves of the plant (the root could not at first be obtained) from St. Louis, but a few trials demonstrated its utter valuelessness. Finally I obtained from New York the root (rhizoma), and prescribed it at once as recommended.

To my gratification and surprise, the severity of the disease began very perceptibly to decline in those to whom it was administered, while it continued as bad as ever amongst those not taking it. Encouraged, I gave it to all in the hospital, and was highly gratified to discover that its efficacy as a remedial agent was undoubted—that it was no happy chance or coincidence which marked the recovery of those first taking it. It at once became *the* medicine *par excellence* in the hospital, and from that time not a case was lost but one, an infant four days old.

Its administration was in decoction, one ounce of the bruised root to the quart of cistern water. Dose—half a teacupful every four hours. Other and auxiliary treatment, of course, was not eschewed, but employed as symptoms or circumstances required.

From the case-book I quote three cases, which may be taken as types of the rest.

Case I. Mrs. J—— M——, aged 20 years; lymphatic temperament; admitted June 23; had confluent variola; had been vaccinated a week before admittance. Treatment, the usual supportive. 29th. Hands and face very much swollen. July 3d. Secondary fever set in; case not progressing favorably. Tuesday, 4th. Gave *sarracenia purpurea.* Wednesday, 5th. Somewhat easier. 6th. Much better; fever gone; not so hoarse; said she "felt the disease was dying in her;" continued administration in somewhat smaller doses. July 18th. Cured.

Case II. F. H. L——, livery stable keeper, aged 45; admitted June 21; confluent variola; never had been vaccinated; inclined rather to intemperance; of full habit. Put him under supportive treatment. Severe secondary fever set in July 6th; ordered *sarracenia purpurea.* 7th. Expressed himself as much relieved. 8th. Improving. 9th. Fever high; not so well; increased dose of *sarracenia purpurea.* 10th. Much better; appetite good. 11th. Still improving, no fever. 21st. Cured.

Case III. R—— C—— (colored), aged 27; was never vaccinated; admitted July 6th, with confluent variola; irruption very thick on face and body when admitted; had been confined three days previously, of male child, which was similarly affected, and died the day following admission; lochial discharge very scanty. This was a very aggravated case. Exposure, inferior diet, along with her confinement, had enfeebled her so as to render her utterly helpless. Her face presented an immense mass of loathsome purulency, and even of ulceration. Her intellect obscured; and in this typhoid state, half-comatose, debilitated, and almost moribund, she was received at the hospital a few hours before my morning visit.

In reporting the case, the matron said that she "knew the woman would certainly die," for, to use her homely expression, "she had the same smell that all those who died had" before death.

I hardly expected any good in this case; still the decoction was prescribed. This was the 6th. Next day symptoms were no worse. 8th. Better; quite rational. 9th. Improving. 10th, 11th, and 12th, still mending. 15th. Out of danger; and 31st, discharged cured.

This case incontrovertibly sustained the curative power of the drug in my hands; it was the most unpromising we had; for, if I mistake not, variola under such circumstances is almost always fatal. Besides these cases, many others were treated similarly, who are living witnesses to its value.

Of the *modus operandi* of the agent I am ignorant. I merely present my experience of its practical employment, with the simple statement of facts authentic in every particular.

As a therapeutic agent I consider it to be indicated in variola—modified, distinct, or confluent; and after a fair test of the remedy during a very malignant and wide-spread epidemic, I am of opinion that *sarracenia purpurea* is as much a specific in, as vaccination is a prophylactic against, variola.

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**Carbolic Acid in the Sickness of Pregnancy.**

Edward Garraway, Esq., of Faversham, Kent, writes to the *British Medical Journal* of February 13th as follows:

"Carbolic acid is the only remedy which I have ever found of any avail in pregnant sickness, and of its efficacy here I entertain no doubt whatever. Patients who have had it in one pregnancy, invariably ask for 'that tar medicine' in the next. In other forms of sympathetic vomiting, it has proved no less valuable. I quote the two most noteworthy cases I have met with, premising that I am not given to exaggerate.

"Miss ——, aged 19, a highly hysterical girl, the subject of pelvic abscess, had vomited every meal immediately after swallowing it for three years. Physic and physicians, of course, had been exhausted upon her. I gave a drop of carbolic acid three times a day. She retained this from the first. After ten doses had been taken—*i. e.*, on the fourth day—a meal was kept down; and from this time she retained alternate meals. In a fortnight, two meals out of three stayed; but the unwonted presence of so much food in the stomach occasioned such distress, that I was induced to partially withdraw the remedy, and allow two out of four meals to be rejected. The carbolic acid, however, was gradually persevered with; and, in the course of a year, the stomach was able to bear and retain four meals a day.

"Mrs. ——, at the eighth month of gestation, engaged me to attend her, and complained that she had been sick throughout her pregnancy. I declined prescribing, assuring her that the vomiting would cease immediately after delivery. However, it persisted as before; and she then informed me that for nine years she had never passed a day without vomiting, sometimes several times. This condition resulted from an attack of fever. I waited a fortnight after her accouchement, and then put her upon carbolic acid. She never once vomited again. The remedy was continued a fortnight, then gradually withdrawn.

"I gave drop-doses of the crystal, liquefied by heat, and diffused in half an ounce of thin mucilage, three times a day."

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**Treatment of Psoriasis by Balsam of Copaiba.**

Dr. Frederick Simms, M.B., M.R.C.P., in the *British Medical Journal*, England, brings briefly before the profession a remedy which, although by no means new, is yet but half known, having been tried by him only; but here much more freely for the last eight or nine years, since when its utility, in this disorder, was accidently discovered by M. Hardy, of St. Louis.

"The use of copaiba in chronic bronchitis and catarrhal affections, and also in dropsies, (Pereira, art. *Copaiba*, vol. ii.), has been known to the profession almost ever since its discovery, which followed that of the American continent, but I can find no trace of its employment in lepra and psoriasis, although the connection between these diseases and catarrhal affections was remarked upon by Heberden towards the close of the last century, and very much earlier by Paulus, of Ægina, (*Lib.* iii., chap. xxiii.), who hinted at this relationship, and advised treatment by resinous and emulsive medicines, until M. Hardy, whilst treating a patient afflicted with both a blennorrhagia and a psoriasis, cured, most accidentally, the latter, together with the former, and has since treated lepra alone in the same way with, I believe, uniform success.

"My plan is to give from ten to twenty minims of the drug, with liquor potassæ and mucilage, and gradually to increase the dose; with young subjects, and especially with fresh cases, the copaiba rash soon appears, and, as it were, carries off the old disease with it. These patients mend rapidly, two or three weeks find them nearly well; but old subjects, and those with relapses, are harder to cure; the characteristic rash is slow in coming out, and sometimes they recover without having it at all. In one case only, that of a young girl at St. Louis, have I seen any trouble arise; in this case erysipelas complicated the affair, but was transitory, and without influence upon the case. It may be objected that this treatment is homœopathic, but no one having seen the copaiba eruption, will compare it for a moment with psoriasis; it is rather that we

> "'Take a fresh infection to one eye,
> That the rank poison of the old may die.'

"Such has been the influence of Mr. W. Cooke's writings, that copaiba has been almost thrust out of use, (a contemporary, whilst giving a notice of the hospital out-patient practice of this

city, mentions only three places where it is used); but let us hope that Dr. Duffin's example will be followed, and that this valuable drug may not be lost simply because we find it nauseous and apt to be rejected. That the drug must be good, and the mixture well prepared, are points on which I need not insist."

### Occupation and Health.

"The Influence of Occupations on the Health" formed the subject of the first of the recent course of lectures at Gresham College, London, reported in the *Medical Press and Circular*. After alluding to the evil effects of overcrowding and defective ventilation on the health of work-people, who are packed together for hours in large manufactories, and pointing out the false economy of those masters who, disregarding their own best interests, call upon their hands to go through their daily occupation under circumstances which tend to enervate them, and render them less and less capable of doing the greatest amount of work in the least space of time, the lecturer asked how it came to pass that employers of labor should be allowed to take away the lives of tens and hundreds of men and women by carbonic acid, and the foul products of respiration, when it is contrary to law to poison one person with prussic acid or strychnine? The position of women and girls who, even more than men, are subjected to these fruitful sources of disease, viz., overcrowding, ill ventilation, and long hours, was mentioned as one of peculiar hardship, and the Professor instanced as a case in point, the Luton and Dunstable straw-plaiting trade (see recent Report to Privy Council). Here it appears to be not unusual to keep girls twenty hours out of the twenty-four in a room the temperature of which frequently exceeds 70° Fahr., with only about forty cubic feet of air space for each person. The lecturer passed on to notice the special forms of disease incident to certain trades, giving instances drawn from his own experience, and at the same time remarked that it was a subject of congratulation that the condition of nearly all classes was better now than in days gone by, for science had done much in the way of suggesting remedial and preventive measures. The ill effects on the workmen in poisonous substances, *e. g.*, arsenic, mercury, lead, phosphorus, etc., are notorious, but the influence of minute particles of dust in originating diseases of the respiratory organs was not so generally recognized by the public. For this latter evil the use of respirators, and the "moustache movement," as a protection to potters, stone-masons, millers, etc., was referred to as of wide and ready adoption. The unhealthiness of tailors, shoemakers, and bakers, the Professor held to be traceable rather to the general evils mentioned above, than to anything specially detrimental in the callings themselves.

Dr. Thompson further enlarged upon the importance of bestowing more attention to the subject; employers with the view of ameliorating the condition of their work-people, and the employed in order that they may perform their daily work so as to be least exposed to the evils attendant on their pursuits; and, secondly, with the object of finding the employment best suited to their capacity. On this latter point the Professor drew attention to the proficiency attained by female telegraphists, and in conclusion advocated emigration as the true remedy for overcrowding, remarking that the aversion to it on the part of the laboring classes sprang from ignorance of the realities of emigrant life.

### Depraved Appetite.

Mr. Frank Thorpe Porter reported the following case at a late meeting of the Surgical Society of Ireland.

On the 6th of January I was requested to see a little girl, aged ten years, the daughter of a small farmer, residing near Swords, where I had been doing duty during the short illness of my friend Dr. Davys. I was informed that the patient was suffering from severe sudden pain in the stomach and dry vomiting. On my arrival, I found the abdomen very much distended, tympanitic and tender on pressure; the tongue was furred and had sordes upon it; the pulse 190; the countenance was anxious and expressive of severe pain and impending dissolution. The bowels were obstinately constipated, and had been so for several weeks. There were frequent attacks of dry vomiting, and the stomach would not retain food of any kind for a considerable time. The legs were flexed, and there was a peculiar death-like odor of the person. The urine was scanty, high-colored, and offensive in odor. Upon minute inquiry, I ascertained that the appetite had been depraved, and that the patient had been habitually eating quantities of cinders for four consecutive years. I ordered anodyne fomentations, and an aperient draught, which the stomach rejected. I then had recourse to an enema, which was given under my directions by the intelligent midwife of the district. Much difficulty was experieneced in the introduction of the tube, which was indented by the sphincter of the rectum, which kept up a pres-

sure almost equal to that of a fœtal head when on the perinæum. After some gentle but persevering efforts the tube was introduced, and the enema caused the expulsion of quantities of scybala and cinders. The abdominal pain soon subsided, and also the swelling. The stomach was enabled to retain food, and the pulse fell gradually to the natural standard. In a week's time the child regained strength and was able to walk out and take exercise. A wish not to intrude too much on the valuable time of those whom I have the honor to address, and a desire to leave room for discussion, prevent me from dwelling too long on this case; but before I conclude I would wish to remark, that I made the most minute inquiry as to the existence of worms, hysteria, and insanity, and that I failed to discover any tendency to such affections; I am therefore at a loss to account for the existence of depraved appetite for so long a period as four years. The subject of depraved appetite has not received proper attention. In this case symptoms set in which might be mistaken for those of hernia or enteritis. I have known many cases in which life has been lost owing to organic disease consequent on malnutrition produced by the same cause.

### Medicinal Fish Oils.

In a lecture by Mr. R. L. Symonds before the Society of Arts, on Wednesday, February 3d, he said that there are many fish oils that might yet be brought into use for commercial and medicinal purposes. For several years M. Gobley, of the Paris School of Pharmacy, has prepared an oil from the liver of the skate, which is much less nauseous to the taste and smell than cod-liver oil. Professor Owen has also pointed out the services that might be rendered to medicine by the livers of various sharks and dog-fish which are met with on our coasts, and especially in the tropical seas, which are rejected by fishermen. In India, shark-liver oil is prepared in the ports of Mangalore and Tellichery, and at Nellore and Gantour in the Madras Presidency. M. Collas, principal naval surgeon and chief of the service of health in the establishments of French India, in the *Revue Coloniale* for 1856, pointed out that he had found shark-liver oil equally as efficacious as cod liver oil, especially as an internal remedy in the case of certain ulcers in the inferior limbs, common in tropical countries, and for which he had previously found no remedy. It has been stated, however, that the shark-liver oil has such an offensive odor and unpleasant taste that no mechanical or chemical process will remove it.

### Recovery from Severe Cerebral Lesions.

To several instances of this nature recently published in this journal, we add the following, forwarded to us by a correspondent.

The Russian River (California) *Flag* gives the particulars of the remarkable recovery of Mr. B. F. Chase, foreman of a mill in Mendocino county, from an apparently deadly wound. It appears that in July, 1864, Mr. Chase was doing some work under a picket saw, which was running at great speed, when inadvertently raising his head against the saw he received a cut beginning at the frontal bone, one-half inch above the nose, and running back to the occipital bone, making an incision in length, measuring by the convexity of the skull. Dr. A. C. Folsom was called, but at first thought it useless to dress the wound, believing that the man would die in a few minutes; but Mr. Chase being perfectly conscious and free from pain, he concluded to attempt a careful dressing, encouraged somewhat, he says, by remembering the case of the man in Vermont who had a tamping iron blown through his head and recovered therefrom. The cut gaped open so that the skull bones were a full inch apart. Dr. F. estimated that the brain was cut nearly to its base, fully three inches deep. He inserted a pocket rule an inch and a half. He carefully removed all fragments of the skull—taking out over thirty pieces—and washed out the saw dust that had got into the opening, using warm water to promote hemorrhage, which was slight for such an extensive wound. He also washed out more than a tablespoonful of brain. How much more the saw carried away we can only conjecture. The doctor then shaved the scalp, applied a tourniquet to bring the bones together, and closed the aperture with six stitches, finishing with adhesive plaster, and leaving three openings. The only dressing ever used was cold water.

The patient was in full possession of all his faculties during the whole time, and said he experienced no pain then or afterward until he was entirely recovered. He visited the mill about four weeks after the accident, and soon after resumed his duties as filer and foreman, which position he still holds. He says he never lost sleep or appetite, or experienced any physical or mental pain or weakness from his wound. The doctor's theory for this wonderful case is that the wound was a clean, smooth cut, unaccompanied by concussion, and that it is usually the concussion and not the incision of the brain that causes death. Believing for a year or two that the patient would ultimately die of the injury, Dr. F. did not send any statement of the case to the medical journals. Mr. Chase now seems to have as long a lease of his life as anybody.

Medical and Surgical Reporter.

PHILADELPHIA, APRIL 24, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

## PREPAYMENT OF POSTAGE.

We announced last fall that after the first of January, 1869, we should prepay postage on all paid subscriptions. This we do from the beginning of each quarter, commencing January 1st. On subscriptions received previous to January 1st, we paid for the first quarter of 1869, and so on, to the end of the last quarter covered by their payment. On subscriptions received between January 1st and April 1st, we paid for the *second* quarter of the year, etc., as before. Our subscribers who have paid in advance, should bear this in mind and *pay no postage* from the quarter after their payment was made until the time for which they paid has expired.

These quarterly postage bills are a heavy item in our accounts, and remind us forcibly how many *substantial friends* we have. We cannot help regarding those who pay their subscriptions promptly as the best friends of our enterprise—and just in proportion as *all* our subscribers are *prompt* in their remittances will we have the means to add interest and value to our several publications.

## CO-LABORERS.

The credit of whatever there may be of value to the medical profession in the publications issued from this office, is shared, not only by those who do the literary labor, and have charge of the business management, but also by those who exert themselves in extending our circulation. This, indeed, is *not the least important part of the work*, for it underlies all the rest. A liberal support furnishes the means to command the best literary and business talent and labor. We desire therefore especially to acknowledge our indebtedness to such co-laborers as a subscriber in Columbus, Miss., by whose personal exertions we have *eight* subscribers in that place—*every one of them paid up*; to another in Eldorado, Arkansas, where we have five, all paid up too; to one in Westchester County, New York, who sends *five* names besides his own—to another in Ohio who does the same. Indeed, we must stop, as the instances that are constantly occurring in various parts of the country crowd upon us too rapidly to permit us to designate any more. Suffice it that we acknowledge, on our own part, and that of the profession of the country our obligations to these *co-laborers.*

## DR. ROBLEY DUNGLISON.

Our readers are already aware of the loss the profession has sustained in this city, by the death of this distinguished author and teacher. He died April 1, after a long and painful illness, which he bore with the patience of a Christian and the fortitude of a philosopher.

Although but little engaged in the active practice of his profession, few men have exercised a greater influence over the minds of their contemporaries than Dr. Dunglison, through his distinguished abilities as a teacher and a writer. He was born at Keswick, Cumberland, England, in 1798, and graduated in 1819 in London. He was invited to this country in 1824, to take part in the establishment of Jefferson's favorite project, the University of Virginia. From this arose an intimate acquaintance with Jefferson, Madison, and other great men of a past generation, which naturalized him at once in his adopted country, and he thenceforth became in all respects thoroughly American. In 1833 he left the University of Virginia for a chair in the University of Maryland, and when in 1836 the Jefferson Medical College in Philadelphia was reorganized, he was invited to fill the Professorship of Institutes of Medicine. Here he remained for more than thirty years, during a large portion of which time he was Dean of the Faculty; and the success of that institution was largely owing both to his attractive courses of lectures and to the remarkable tact and practical sagacity with which he administered its affairs. He kept to his post and faithfully discharged its duties for some years after failing health admonished him to seek the repose he so much needed, and he did not retire until the close of the session of 1868.

Dr. Dunglison was known widely as a teacher, but his reputation as a writer was even more extensive. He had commenced, even before he left England, a work on the Diseases of Children, and from that time for forty years his pen was

rarely idle. Besides the editorship of various works, ten solid octavo volumes attest the extent and variety of his original labors. In a science so rapidly progressive as that of Medicine, even the best books speedily grow out of date, but Dr. Dunglison's industry kept his works on a level with the advance of knowledge, and most of them in repeated editions maintained their position for a period far longer than is generally allotted to the life of a scientific book. His "Medical Lexicon," especially, is one which after more than thirty years still holds its place with undiminished popularity. For such a labor as a dictionary of medical science he was eminently fitted by his close and accurate philological culture, the wideness of his scientific acquirements, and the persevering industry which no labor could appal. It has therefore passed through unnumbered editions, and as an acknowledged authority wherever the English language is spoken, it is his appropriate literary monument.

Yet the sphere of his activity was by no means confined to professional labor. The wide sympathies of his active intellect led him to assume the Presidency of the Musical Fund Society, of Philadelphia, and the Vice-Presidency of the Pennsylvania Institution for the Blind. To this latter much of his attention was directed in later years, and he was very successful in promoting the printing of books in raised letters for the use of the blind.

His personal character left a most pleasant impression on all who met him, and many a physician in every state of our union will feel in his death the loss of a personal friend.

### The Williamsport (Pa.) Medical Society.

The Williamsport (Pa.) Medical Society met at the rooms of the Dispensary in that city, President, Dr. S. Pollock occupying the chair, who delivered a very able and interesting inaugural, after which the subject of Diphtheria was discussed by Drs. Smith, Helsby, Alba, McVicker, and Myers. The Essayist for the meeting, Dr. J. S. Crawford, was absent. Drs. F. S. Treadway and Thomas H. Helsby, were appointed Essayists for the next meeting.

This Society has opened under the most flattering prospects, and bids fair to rival the neighboring Lycoming County Medical Society. The following officers were elected:

*President.*—Dr. S. Pollock.
*Vice-President.*—Dr. H. H. Smith.
*Secretary*—Dr. W. R. Hull.
*Treasurer*—Dr. J. S. Crawford.

# Notes and Comments.

## THERAPEUTICAL BULLETIN.*

Compiled by Geo. H. Napheys, M. D.

No. 10.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc., etc.

The selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form.

Below will be found some formulæ useful in the treatment of

*Habitual Constipation.*

S. B. Birch, M. D., M. R. C. P., Lond.

74. R. Extracti rhei alcoholici, ʒss.
Extracti taraxaci, gr. xxiv.
Quiniæ sulphatis, gr. ij. M.
Ft. mass., in pilulas xij. div.

One should be taken either on rising in the morning or at dinner time, or even at both periods when the constipation is very obstinate. This is a very gentle stomachic and tonic evacuant, particularly useful for the delicate. In addition, when there is torpor of the liver, deficiency or perversion of the biliary secretion, the patient should be ordered:—

75. R. Hydrargyri cum cretâ, gr. ¼—j.
Sacchari albi, gr. v.
For one powder.

A sufficient dose, when given alone at bed time, for two or three successive nights, or in very sensitive persons every second or third night. But the hyd. cum cretâ is often prepared imperfectly, and then causes considerable annoyance and dissatisfaction to the practitioner. It is better to prescribe it in the form given above, than in the form of a pill, which sometimes passes through the bowels unchanged.

* Entered according to Act of Congress, in the year 1869, by Geo. H. Napheys, M. D, in the Clerk's office of the District Court for the Eastern District of Pennsylvania.

N. B. This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

In order to excite manifestation of contractile force on the part of a torpid intestine, and for the conversion of irregular and imperfect peristaltic action into a uniform and effective power of expulsion, the following little operation executed by the patient upon himself, when properly performed, is valuable.

Place the tips of the fingers of the right hand exactly over the cœcal region with *very slight* pressure; carry them upward along the ascending colon to the right hypochondrium; continue the movement *without any intermission* over the region of the transverse colon to the angle of junction with the descending colon; stop not, but proceed downward gently and steadily to the iliac region of that side; instead of the previously very gentle pressure, the fingers must now be pressed firmly and deeply (without pain) into the pelvic cavity, and there retained for about fifteen seconds; then remove the hand altogether, rest a few seconds and repeat the procedure. This may be continued for the period of from a few minutes to a quarter of an hour or more. Some little care and tactile dexterity is needed to do this properly, and where the hand is dry or the cuticle thick and hard, it is advisable to slightly moisten the ends of the fingers. When the right hand is tired, the left can be used, and so alternately, but it is better not to alternate them too rapidly. The patient may first try and may succeed or not. If there be a failure, it must not be necessarily given up. Invalids themselves will often fail, almost invariably if their bowels be *extremely untractable.* But now the aid of a friend for passive movements may be invaluable. The medical adviser can give instructions regarding the precise anatomical relations of the parts involved, and the method of performance. The proceeding should usually extend over a period of from five or six minutes to occasionally twenty-five minutes.

For occasional use in the treatment of constipation in old age, the following pill affords an excellent formula:

76. ℞. Extracti colocynthidis compositi, gr. v-viij.
Extracti hyoscyami, gr. ij.

J. M. DaCosta, M. D.

77. ℞. Podophyllin, gr. 1-20.
Extracti belladonnæ, gr. 1-20.
Capsici, gr. ¼.
Pulveris rhei, gr. j.

For one pill.
To be taken three times a day.

Belladonna is undoubtedly a stimulant to the muscular fibres of the intestine. It acts on them as it acts on the bladder; it stimulates to contraction. It also increases the action of purgatives, enabling the physician to get along with smaller quantities of purgative medicine. Podophyllin is useful in torpor of the upper portion of the bowel, to increase the secretion of the liver.

78. ℞. Tincturæ gentianæ compositæ f.℥iij.
Tincturæ rhei dulcis, f.℥j.
Tincturæ belladonnæ, f.℥iss. M.

Dessertspoonful ter die.

79. ℞. Extracti gentianæ, gr. iij.
Extracti nucis vomicæ, Podophyllin, āā gr. ½.
Olei cajuputi, gtt. j. M.

For one pill.

To be taken twice a day as a tonic for chronic constipation.

80. ℞. Extracti belladonnæ, gr. 1-16.
Pulveris rhei, gr. j.
Pulveris zingiberis, gr. ½.

For one pill. To be taken four times a day.

Thomas Hillier, M. D., Lond., F. R. C. P., etc.

In obstinate constipation occurring in children, very small doses of extract of belladonna, gr. 1-24 to gr. 1-32, will be found useful, and the abdomen may be rubbed with soap liniment and castor oil.

John Forsyth Meigs, M. D.

81. ℞. Confectio sennæ, ℥j.
Potassæ bitartratis, ℥ij.
Sulphuris præcipitati, Ferri subcarbonatis, āā ℥j.
Mellis despumati, q. s.

Ft. electuary.

Teaspoonful after meals.

Thomas Hawkes Tanner, M. D., F. L. S. Lond.

82. ℞. Zinci valerianatis, gr. xij–xxiv.
Extracti belladonnæ, gr. iij–vj.
Extracti gentianæ, gr. xxiv. M.

Ft. pil xij, and silver them.

One to be taken three times a day in nervous cases of habitual constipation, and in spasmodic contraction of the sphincter ani.

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**The Daily Pocket Record.**

The extraordinary demand for the Daily Pocket Record, speedily exhausted the edition we had provided for 1869, and a second edition is now ready. Orders have been accumulating while the edition has been preparing. The delay in filling the orders is thus explained. We regret it; but we pushed the work as rapidly as we could. A like contingency in the future is now effectually provided against. We shall expect and are prepared for large and increasing orders.

### Inspection of Quack Medicines.

A bill has been favorably reported in the New York Legislature, providing for the inspection of patent or *quack* medicines. The inspectors are required to ascertain their ingredients, and report the same annually to the Legislature and to the State Medical Society. There is a law analogous to this in almost every country of Europe.

More inspections! what are we coming to? And the State Medical Society has a finger in the pie! Now for an indignation meeting of makers and *venders* of quack medicines!

### Adulterated Milk.

A bill has passed both branches of the Legislature of Massachusetts, which punishes with a fine for each offence, of no less than $20, nor more than $100, any one who sells, or exchanges, or has in his possession, watered milk, either for general consumption, or for manufacture into butter and cheese. It repeals the law passed last year, which inserted the word "knowingly." Now, the fact of the sale is proof of criminal intent.

That strikes *at the root* of this business. But what do the *milkmen* say about it—especially those who *do not* adulterate their milk?

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

# Correspondence.

## DOMESTIC.

### Tampering with Disease.

Editors Med. and Surg. Reporter:

It occasionally becomes the melancholy duty of the physician to witness cases of disease which are hastened to a fatal termination through the agency of quackery. We are apt to associate with homœopathy the negative quality of *harmlessness*, and reconcile ourselves to its absurdities with the impression that, if honestly administered, the medicines will do no harm, if they will not do any good. In the case which follows, though affording an instance in which the principles of homœopathy were consistently carried out, yet their application was so absurd, and the result so deplorable, that the entire system may be justly regarded with suspicion.

A lady, rather more than fifty years of age, had been suffering from an organic disease of the heart, consequent upon rheumatism of the joints, with which she had some years previously been afflicted. Great irregularity in the action of the heart existed, attended with severe paroxysms of dyspnœa after much exertion, with cold and livid extremities, and every symptom denoting an accumulation of blood in the region of the heart. Her life had been prolonged, and her condition made comparatively comfortable by the avoidance of every cause of mental or bodily excitement, a judicious course of personal treatment, and the prudent use of sustaining remedies. With using these precautions, her friends and medical attendants entertained strong hopes that she might survive many years in the possession of her ordinary health.

A few days since it became necessary for her to visit a neighboring city. The ride thither caused her considerable fatigue, and a paroxysm of dyspnœa and prostration resulted. Her friends, by whose direction medical advice was called, were homœopathically inclined, and, of course, a physician of that order was called in attendance.

The course of treatment which was subsequently pursued in the case was not witnessed by the writer, who was her ordinary medical attendant. It was communicated to him by a near relative who was present, and the statement can be relied on as correct in every particular.

The lady exhibited the ordinary symptoms of impeded circulation of the blood, denoted by cold and livid extremities, severe dyspnœa, extreme prostration, pulseless wrists, etc. Upon the homœopathic principle that "like cures like," the remedies indicated in the case were obviously such as would increase the symptoms just enumerated. They were the application of iced water to the wrists and ankles, and generally over the surface of the body, the exhibition of cold drinks, and the withholding of nourishment and stimulants of every kind. As the action of the heart was already performed with difficulty, and as chloroform is well known to weaken the action of that organ, there was every reason for suggesting, homœopathically, the use of that powerfully sedative agent. It was accordingly applied by inhalation, and persevered in till near the close of life.

Such was the treatment commenced and perseveringly applied by a German homœopathic doctor, who claims to be "to the manor born," and, of course, to be gifted with all the arts and mysteries pertaining to the founder of homœopathy. He at last found that death would soon follow his course of treatment, and he so gave his opinion. An eminent regular physician was

called just in time to witness the deplorable effects of that system of quackery, which, to be consistent, must deal solely in the interest of death, and administer, in a threatening disease, such agents only as will accelerate a fatal termination. G. B.

*Westport, Ct., March* 30, 1869.

### Poisonous Dyes.

Editors Med. and Surg. Reporter:

The following case may prove of interest to the profession, as showing the danger and inconvenience of wearing fabrics colored with the so-called corraline dyes. Miss ——, while paying a visit in my family, consulted me for a slight pustular eruption, which had appeared upon the inner side of her left arm near the bend of the elbow. There appeared a circumscribed longitudinal space of say three inches long, and one-and-a-half inches wide, completely covered with minute pustules. Upon inquiry I found she had been wearing a beautiful colored flannel sack. This sack was lined throughout with silk, except the seams of the arm, and I have no doubt but that the friction of the rough material at the point mentioned, inoculated her with the poisonous dye-stuff producing the eruption. There was considerable pain present during the progress of the disease, and a constant and severe itching. Believing the disease to be entirely local, I prescribed as an application

| | | |
|---|---|---|
| R. Hydr. chlor. mite, | ʒj. | |
| Plumbi acetas, | gr. xv. | |
| Ung. aq. rosæ, | ℥ij | M. |

Sig. To be applied thrice daily to affected parts.

Under this treatment the eruption promptly disappeared a few days, and she has not suffered since, having taken the precaution to line the seams of her sack before wearing again.

H. C. Yarrow, A. A. Surg., U. S. A.

*Fort Wood, N. Y.*

### Secale Cornutum in Diarrhœa.

Editors Med. and Surg. Reporter:

November 5th, 1868, Henry Duggan called at my office, stating that his wife, æt. 32, had been troubled with diarrhœa; for several days there was considerable tenesmus; she had taken several doses of castor oil with no apparent benefit, and as she was in the third month of pregnancy, was fearful of producing miscarriage by using active remedies. I made and put up a prescription for her and by mistake he took a two ounce vial of *wine of ergot*, and gave it as I directed him to use the other, "a half an ounce after each stool." I discovered the mistake five hours after, and went at once to see her; found her quietly sleeping, she had taken three doses. After waking her, she said she felt better than she had for several days. I have tried it twice since with her, and in three other cases of diarrhœa in pregnant females at different stages of gestation with the most happy results. Will some one give the rationale?

W. J. Hillis, M. D.

*Barclay, Bradford co., Pa., April 9th,* 1869.

## News and Miscellany.

### Ancient Hair-Dyes.

Professor Aquilla Smith, M.D., writes to the *British Medical Journal*:—The desire to appear "beautiful forever," in respect to concealing the effect of age on the hair, was as prevalent in ancient Rome as in our own time, and no doubt will prevail through future ages. The panic recently created in consequence of the disclosures made public as to the dangerous effects likely to result from the use of poisonous hair-dyes, may for a time so prevail as to reconcile some persons to the inevitable hoariness of advanced age; while others, with more vanity and less good sense, will be persuaded, before long, by the assurance, which will be promulgated with usual audacity, that the new hair-dyes may be employed with as much safety as "Morning-dew distilled from a magnetic rock in the desert of Sahara." With the view of relieving the apprehensions of persons "quos sancta senectus offendit," and who will, at any risk, employ some means or other to conceal their grey hairs, I place at their service the following remedies, which have been recommended by Q. Serenus Simonicus, the preceptor of the Emperor Gordian the Younger, in the third century.

"Capillo tingendo,
Quos pudet ætatis longæ, quos sancta senectus
Offendit, cupiunt properos abscondere canos,
Et nigrum crinem fuco simulare doloso.
His prodest acri contrita cupressus aceto,
Vel frons lentisci, vel tristia poma sambuci,
Lumbrici quoque terrestres miscentur olivo,
Et juvenum præstant redivivo flore capillum.
Præterea niveum poterit depellere crinem,
Resina ex facile cera viscoque coacta.
Ad rutilam speciem nigros flavescere crines,
Unguento cineris prædixit Tullius autor."

(Q. Sereni Samonici *de Medicina Præcepta Saluberrima* in *Medicæ Artis Principes*, p. 416.)

The remedies, "nigrum crinem simulare," are cypress and strong vinegar, the leaf of the mastich tree, elder-berries, earth-worms mixed with olive, and resin combined with wax and mistletoe. If the ointment for converting black hair

into reddish yellow possessed any such power, it was probably owing to the alkaline matter in the ashes.

### Heart-Disease in the British Army.

A surgeon of the British army, who has been investigating the causes of the great prevalence of heart-disease among English soldiers, states that it is due to the mechanical obstructions to the proper flow of the blood through the arteries leading from the heart, caused by the restrictions of the clothing and accoutrements. Alterations in the dress of the English soldiers are therefore advised, the upright collar hooked tight around the neck being especially objectionable.

—— In Vienna, through the benevolence of Baron Anselm de Rothschild, who has given 200,000 florins for the purpose, an hospital for Jews is to be built. It is to contain 200 beds.

—— It is said that typhus fever is raging to such an extent at Brussels, that the King and Court have left. All the private schools are removed from the capital.

—— A recent English traveller on the plains of the Argentine Confederation speaks of a certain Cacique Nabidrigisi, who, at the age of 120, can "mount a horse, wield a lance, and go into the battle-field with as much apparent vigor as a hundred years before."

—— There is a doctor for every 1000 inhabitants in Paris.

—— During the last twelve months the Royal National Lifeboat Institution has saved the lives of 603 persons, and as many as 17,849 since its formation in 1824.

—— A Paris correspondent reports the severe illness of Sir Joseph Olliffe, a physician and gentleman long held in the highest esteem by all his brethren, who express their intense sympathy and deep concern.

—— Mr. Thomas Crowley, of Birmingham, England, who died about the first of March, gave in January last, the sum of £10,000 for the foundation of an Orphan Asylum for girls in that town; and at his death, besides various other liberal bequests, he has given £1,000 each to the Queen's Hospital and the Deaf and Dumb Institution, and £500 each to the Birmingham General Hospital, the Blind Asylum, and the Eye Hospital.

—— Every railroad train in Sweden is provided with an efficient medical staff and complete pharmacy, so that in case of accident, no time is lost in ministering to the wants of the wounded.

—— Mrs. Jane Hutchinson, relict of Dr. Hutchinson, of Whitehaven, Eng., who died some sixty years since, has just met her death by an accident at the advanced age of 100 years. The old lady was in full possession of all her faculties, and up to the time of her accident was in perfect health.

*[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

## MARRIED.

Cummings—Bryant.—In Concord, N. H., March 8th, at the Phœnix Hotel, by Rev. G. W. H. Clark, of Keene, Oscar S. Cummings, M. D., of Lisbon, and Miss Bet. H. Bryant.

Gleason—Kingsbury.—In this city, on the 14th inst., at Trinity M. E. Church, by the Rev. L. Dobson, assisted by the Rev. R. Humphries, Edwin P. Gleason and Mary Sinclair, youngest daughter of Dr. C. A. Kingsbury, both of this city.

Kantz—Miller.—On the 28th of February, in Berrysburg, by the Rev. M. Fernsler, Dr. Andrew J. Kantz, of Green Brier, Northumberland co., and Miss Emaline S. Miller, of Berrysburg, Dauphin co., Pa.

Lineaweaver—Pleasants.—In this city, on the 8th of April, 1869, at the First Unitarian Church, by the Rev. Dr. W. H. Furness, Dr. Washington K. Lineaweaver, of Pottsville, Pa., and Miss E. Florence Pleasants, granddaughter of the late Hugh Bellas, and daughter of the late Charles Pleasants, of Sunbury.

St. Clair—Walker.—March 31st, by Rev. A. McElwain, Thomas St. Clair, M. D., and Miss Sarah Walker, both of Indiana, Pa.

Valentine—Johnston.—On the 14th inst., by the Rev. T. W. J. Wylie, D. D., Dr. J. E. Valentine, of Wilkesbarre, Pa., and Anna W. Johnston, of this city.

## DIED.

Ashmead.—On the 13th inst., Eliza B., daughter of the late Theodore Ashmead, M. D., of Germantown, Pa.

Crook.—In Brooklyn, N. Y., on April 10, L. H. Crook, M. D., aged 30 years.

Dr. Crook died of fever contracted while attending the captain and mate of the emigrant ship *James Foster, Jr.*, being one of many victims to alleged bad management on the part of the officers of that ship.

Day.—Dr. S. R. Day, a highly respected physician of St Albans, Vt, died April 12th, aged 46 years. He graduated at Woodstock in 1848.

McIntosh.—Eunice G., wife of Dr. L. W. McIntosh, died in Vernon, Oneida co., N. Y., April 2d, 1869, in the 52d year of her age.

Merritt.—In this city, on the 11th inst., Daniel S. Merritt, M. D.

Remington.—In this city, on the 14th inst., Lydia H., widow of the late Dr. Isaac Remington, in the 61st year of her age.

## OBITUARY.

### Dr. Alexander H. Stevens.

Dr. Stevens was born in the city of New York, September 4, 1789. His father, Ebenezer Stevens, was one of those who threw the tea into Boston Harbor. He entered the army early, and served to the close of the war. Was at the battles of Saratoga and Yorktown, with the rank of Colonel of Artillery. After the war, Col. Stevens married a sister of Col. Ledyard, who fell at Groton. She was aunt to Ledyard the traveller.

At the age of ten years, Alexander was sent to school at Plainfield, where he fitted for college under the now venerable John Adams. At fourteen he entered Yale College, and graduated with credit in his eighteenth year.

Having selected the profession to which he has since done so much honor, he entered the office of Dr. Edward Miller, and after attending one course of lectures in the College of Physicians and Surgeons, and a second in the University of Pennsylvania, he graduated at the latter institution, on which occasion his Thesis *On the Proximate Cause of Inflammation*, was highly lauded by Dr. Rush. In 1811, Dr. Stevens sailed for France, but was captured by an English cruiser, and sent to Plymouth. Thence he found his way to London, and attended the lectures of Cooper and Abernethy. Next year he crossed the Channel, and at Paris followed the cliniques of Boyer and Larrey. War meanwhile broke out between the United States and England, and Dr. Stevens was again captured, on his way to America, and sent to Plymouth. Ultimately, he returned home in a cartel, and was appointed surgeon in the army. In 1814, he was chosen Professor of Surgery in the New York Medical Institution, and in 1818, elected Surgeon to the New York Hospital. Here he immediately began to give clinical lectures, which he continued with great success for twenty years. On the resignation of the faculty of the College of Physicians in 1825, Dr. Stevens was appointed Professor of Surgery in that institution. Here and at the New York Hospital he continued to teach surgery with great acceptance till 1838, when, on account of ill health, he resigned both places, having previously confined his practice to consultations and surgical operations. The retirement of Dr. Stevens from the active duties of his profession was matter of great regret to his friends, and the officers of the two institutions which he has so ably served, hastened to manifest their sense of the value of those services. He was appointed, by the Regents, Emeritus Professor of Surgery, and by the Governor, Consulting Surgeon to the New York Hospital. His pupils also placed his portrait in the Governor's room at the hospital. In 1841, the Regents appointed Dr. Stevens President of the College of Physicians and Surgeons, an office he held till his death. In 1846, he was elected President of the New York State Medical Society, and his inaugural address was ordered by both Houses of the Legislature, and by eminent members of the bar, to be printed. About the same time he received from the Regents the degree of LL.D. In 1847, he was elected Vice President, and in 1848, President of the American Medical Association.

At a special meeting of the New York Academy of Medicine, held April 2, 1869, for the purpose of paying a tribute to his memory, the following resolutions were unanimously passed:

1. *Resolved*, That the decease of Alexander H. Stevens, M.D., late President of the New York Academy of Medicine, on the 30th day of March, 1869, at the advanced age of 80 years, is a fit occasion for the members of the Academy to express the high estimation in which he was held, and their deep sorrow at his departure.

2. *Resolved*, That during his long and useful professional career, in which he attained the highest rank as a learned and accomplished instructor, and a skilful and successful practitioner of the healing art, his uniform honorable conduct and great moral worth, his untiring zeal for the public welfare, and humane and sympathizing bearing, ennobled our calling, and will endear his memory to our hearts.

3. *Resolved*, That the removal, by death, of one whose mature professional experience and eminent skill have so long been made available for the relief of his suffering fellow-creatures, is to be regarded as a great public loss.

4. *Resolved*, That a copy of these resolutions, duly authenticated by the signatures of the President and Secretary of the Academy, be communicated to the family of the deceased, with the assurance of our heartfelt sympathy in their bereavement.

5. *Resolved*, That these proceedings be published in the daily papers and medical journals, to be designated by the President and Secretary.

6. *Resolved*, That when we adjourn, we adjourn to attend the funeral of the deceased.

H. D. Bulkley, M.D., President.
E. H. Janes, M.D., Secretary.

## WORDS OF CHEER.

*Dr. E. L., of Penn'a*, says of the Compendium:

"It contains more *practical information* than any periodical with which I am acquainted. It is of immense value to country practitioners."

*Dr. O. A. C., of New York*, says:

"Please send along the Reporter and Compendium as fast as you turn them out, for they are my most welcome visitors."

A medical man, who has of late had personal intercourse with a large number of physicians of some of the Western States, writes:

"Your Compendium is appreciated by every one who examines it, and will ultimately replace *Braithwaite* and *Ranking*. Its superior typography and paper, and its representing more fully American journalism, and equally Foreign medical journalism, will make it a great favorite with physicians."

## QUERIES AND REPLIES.

*Dr. W., of Tenn*—"Has Hartshorne's Conspectus been issued yet?" It has. Price $4 00.

*Drs. D. & P., of Ind.*—"What is the usual fee for craniotomy?" In this city, from $50 to $100.

*Dr. J. M., of Ky.*—The circular you send is a bombastic attempt to gain the ear of the public.

*Dr. E. T. G., of Texas*—The stem cup pessaries are retained by their own shape, and do not need a belt. They can be sent by mail.

*Dr P. H. P., of Pa.*—The American Journal of Obstetrics is published quarterly, by Townsend & Adams, New York city. Price $3.00 a year.

*Dr. A. W. T., of Mass.*—Your inquiries about the use of earth closets in surgical practice, will be answered at length in the Reporter soon.

### Varicocele.

*Dr. A. P. F., of Pa.*—"Do you know any remedy that can be relied on for varicocele short of ligating the veins or the bandage. What do you suggest?"

*Dr. F. F. G., of S. C.*—"I am a subscriber to the Med. and Surg. Reporter, also to the Pocket Record. If I send on now two (2) dollars more, can I secure first and second parts of Compendium?" Yes.

"What is the medicinal dose of carbolic acid (crystals)? Please give a formula for its internal administration in the Reporter." Dr. Napheys, in his "Therapeutical Bulletin," will deal fully with this subject soon.

"Is there a late edition of Griffith's Formulary, edited by Prof. Thomas?" There is. Price $5.00.

### Spermatorrhœa.

*Dr. McG., of Va.*—"I have a case of spermatorrhœa which gives me much trouble. It is in a young man, and the loss of semen is diurnal only at stool. I have used Llallemand's instrument repeatedly, with no benefit. Also used bromide of potassium and other antaphrodisiacs. Can you suggest anything that will give relief?"

Cold-water douches to the spine, salt-water bathing, tonics, if the system is debilitated, and exercise, might benefit, with lupulin, belladonna and the terebinthinates.

*Missisquoi Powder.*—This stuff, advertised for the cure of cancer, with seemingly sound endorsements, is probably neither more nor less efficacious than any of the other thousand and one nostrums for the same purpose.

## METEOROLOGY.

| April, | 5, | 6, | 7, | 8, | 9, | 10, | 11. |
|---|---|---|---|---|---|---|---|
| Wind..... | W. | S.W. | S.W. | W. | W. | N.W. | N.E. |
| Weather.... | Clear. | Clear. | Clear | Cl'dy High wind. | Clear. | Cl'dy. | Cl'dy. |
| Depth Rain.. | | | | | | | |
| *Thermometer.* | | | | | | | |
| Minimum..... | 30° | 42° | 44° | 35° | 36° | 35° | 32° |
| At 8, A. M..... | 43 | 51 | 54 | 48 | 43 | 42 | 40 |
| At 12, M..... | 54 | 57 | 57 | 56 | 55 | 51 | 44 |
| At 3, P. M..... | 55 | 58 | 56 | 55 | 57 | 57 | 45 |
| Mean..... | 45.50 | 52. | 52.75 | 48.50 | 47.75 | 46.25 | 40.25 |
| *Barometer.* | | | | | | | |
| At 12, M..... | 29.9 | 29.8 | 30. | 30. | 30. | 30. | 30. |

*Germantown, Pa.* B. J. Leedom.

THE

# MEDICAL AND SURGICAL REPORTER.

No. 635.] PHILADELPHIA, MAY 1, 1869. [Vol. XX.—No. 18.

## Original Department.

## Communications.

### "ECLAMPSIA PUERPERARUM."

By E. W. Sell, M. D,

Of New York.

After carefully reading the letter of Dr. Vance, of Oneida, Illinois, (published in the Reporter, of February 13th, 1869,) on Eclampsia Puerperarum, I cannot refrain from presenting my views on the same subject. We fully agree with what the Doctor says in regard to putting the profession at large on their guard against tampering with human life, and with what he says about the value of human lives—about our feeling, and knowing that we are justified only in striving (not neglecting) to save lives that are precious indeed. But whilst we agree with him in this, we must beg leave to dissent from the conclusions which he draws from the two cases which he reports, namely, that the first patient died for the want of, and the second recovered "consequent upon rational treatment," meaning a full and efficient depletion "with a broad-shouldered lancet." Such reasoning sounds to me like *post hoc, propter hoc.* But one word in reference to the doctor's "idea, that, in all cases requiring it, phlebotomy should be practised, whether in puerperal convulsions, apoplexy, or pneumonitis." At first sight, the doctor's guarded language, "all cases requiring it," seems right enough; but every one who has carefully read it, knows what the Doctor would do and recommend in these cases; namely, resort to a "broad-shouldered lancet" in almost every one of them. Now it is a well-established clinical fact, that the puerperal woman generally loses a sufficient quantity of blood without artificial means, fully granting the well known fact, that nature provides her with a surplus quantity.

In apoplexy, the only time blood-letting would be rational as well as beneficial, is before the attack occurs. That is to say, practice phlebotomy as a prophylaxis, on those naturally predisposed to apoplexy, or else obtain a divine intimation that an attack is imminent, when bleeding freely would be the most efficient means of diverting it. So in pneumonitis, bleeding at the very outset of the disease accords with both sense and science, as also with the pathology of the disease. But will the doctor tell us how many cases come under our treatment early enough to warrant blood-letting?

Allow me, dear Editors, sufficient space in your very valuable journal, to state briefly a few facts in a case which terminated with the most happy results, "consequent," as I believe, "upon rational," and I may say, very scientific treatment.

On August 15th, 1868, an old practitioner of this city introduced me to a young woman, not yet seventeen years old, who expected to be confined in about three weeks. Before we saw the lady, the Doctor told me that he expected trouble in the case, and wished me to take charge of it. I found the woman larger over her abdomen than I had ever seen a pregnant woman before, with well marked ascites and considerable anasarca. To my surprise I was called to this woman early next morning. I found her in labor; the waters had broken and labor pains were regular and sharp; progress about as is usual in a primipara, until the head of a child was pressing hard upon the perineum, when suddenly all labor pains ceased and a severe convulsion set in, followed by others in close proximity, until I delivered her at about one P. M., of two male children, per forceps. Both children were asphyxiated, but they were both restored, though the second not without difficulty. Another convulsion occurred soon after delivery, but chloroform administered in teaspoonful doses inwardly as well as by inhalation, cut this one very short. Whenever symptoms of convulsions appeared, the same remedy invariably succeeded to prevent their occurrence. Leaving the patient at midnight, I found next morning that she had had six convulsions during the night, and during my absence in the middle of the day, three more, the last one lasting three quarters of an hour. I then determined that the patient should be saved, if possible. I nursed her the entire night following without any help,

and spent the greatest part of the succeeding two days and nights with her; and as a reward, had the great pleasure and satisfaction, not only to see her rally from a three days unconscious condition, but actually coming down three flights of stairs to the dinner table, as early as the tenth day. Four doctors, two of large experience, who saw the case, said that they had never seen its parallel. One of these who was present and assisted when I delivered the woman, one day said to me, "Doctor, you can count that forceps case under convulsions as one of your *cures*, for it was not a recovery."

Now briefly for the treatment of this interesting case. First of all, three drops of ol. tiglii were administered in divided doses, to empty the bowels quickly and freely; and to allay the tenesmus, so as to afford rest and sleep; sol. Magendi was occasionally given, but principally codeia, which we prefer to morphia, because it does not produce similar head symptoms, nor has the same constipating effects as the former. Whilst the *morphia* would allay the pains of the back and extremities, the *codeia* would exert its influence over those having their origin in the great sympathetic nerve. To control febrile movement, we administered quiniæ dragées āā gr. ij., commencing with four, then giving three, two and one at a dose every six hours. Thus a countless pulse came down to 180, 150, 120, 90, very rapidly, and at the end of three days 80 was attained. Alimentation consisted in milk, tea, and beef-tea from the very outset. To overcome a fearful tympanites very readily, five drops of turpentine were occasionally given. To build up the appetite and strength, we gave our favorite triplex tonic—the phosphate of iron, quinia and strychnia, which is the *ne plus ultra* for the puerperal woman.

Whether this is the more rational and scientific treatment, or the practice of phebotomy, is a question whose solution I leave to the readers of the Reporter.

## RUPTURE OF UTERUS.

By T. D. Crothers, M. D.,
Of West Galway, N. Y.

The following case may have some interest to persons who have never met with this accident in their practice.

Mrs. M——, age 34; mother of four children; a strong, healthy woman; former labors rapid, attended with no complications, and followed by complete recoveries. Taken in labor at full term March 22. The waters broke, and child descended to inferior strait after two or three pains. A few minutes after, I found the *left lateral plane* presenting, with the arm and shoulder projecting from the vulva. The pains were violently expulsive, and the child was being forced more and more compactly into the pelvic cavity. Attempts were made to turn the child by passing the right hand up along the spine to the sacrum, for the purpose of drawing it down, that the feet might be reached—the left was used to force up the head and shoulders—without success. The force of the uterus was so great that the hand could not pass up in the cavity, nor could the head or shoulders be changed or dislodged in any way. The position of the mother was changed, yet the pains and impaction continued; when suddenly, without any severe pain preceding, the uterus ascended from the pelvic cavity, I following it with the hand, grasping the feet, and bringing them down. Here the patient complained of suffocation and faintness, as if from upward pressure, causing me to wait for a few moments. The pains now changed from expulsive to a lancinating character, and continued so until the final termination was reached. The feet were seized, and the delivery effected without any difficulty. The placenta came away readily. The uterus was explored by the hand, but no lesion detected; contracting feebly. Marked tenderness was observed, and fulness noticed over abdomen. The child was dead. The usual hemorrhage followed. Pulse 110; skin moist; pains severe. Brandy, ℥ij, tinct. opii, ℥xx., was given. The patient continued in this condition one hour and forty minutes, when coma came on, and collapse took place. The abdomen continued to fill up and increase in tenderness. The pulse remained 110 until a few moments before death, when it disappeared from the wrist. The skin remained nearly the same. Death followed in two hours and fifty minutes from the commencement of labor. No post mortem was allowed. An external examination, a few hours after death, revealed the following: The abdomen bloated, tense, and hard; the uterus contracted, presenting a perfectly smooth surface to the touch. The diagnosis of rupture of the uterus is evident from the following symptoms: The position of child (a predisposing cause); the sudden change of position upward, followed by a sensation of faintness and pressure; the change of character of pains; the sudden effusion and tenderness in abdomen. The obscure points are the contraction of uterus; the absence of lesion discoverable by touch; the full condition of pulse and natu-

ral state of skin; the sudden coma and collapse an hour and more after.

This case confirms the observation of Churchill and others, viz., that it occurs in fourth or fifth pregnancies, with lateral plane presentation, advanced age of mother, and with male child. This accident is one of the most fearful in the lying-in chamber, because of the impossibility of anticipating it, its almost necessary fatal character, and the powerless condition of the physician to render assistance.

## REMOVAL OF TWO GRAINS OF INDIAN CORN;—ONE IN EACH EAR.

By Laurence Turnbull, M. D.,
Aural Surgeon to Howard Hospital.

The subject of the removal of foreign bodies from the ear is one of much interest to the profession, as they are constantly devising new methods, while the old and simple plan is always at hand, in the use of the syringe and tepid water.

This simple method is the safest. No matter whether the foreign body be large or small, light or heavy, irregular or even, occupying a small space or plugging up the meatus entirely, of recent introduction or of long standing, I have never failed with this instrument.

The only care is to have the external ear held, and pulled outward, upward, and backward, so as to make the canal straight.

Mr. Jonathan Hutchinson has applied the old method of removing a cork from a bottle by a string; the string in this case, when employed in the ear, is a silver wire, of five or six strands, in the form of a loop, which will produce less injury than the steel forceps, scoop, etc. But as yet I am fully satisfied, that if we can pass a silver wire or loop behind a foreign body, we can also pass a sufficient amount of water to bring any body forward, so as to make it easy of access, as the following case will prove, and many others, published in my Monograph in the Transactions of the American Medical Associatien for 1865.

Ann E. Moore, aged four years, residing in Norristown, Pa., was sent to me by Dr. L. W. R., with a grain of Indian corn in each ear, which had remained in for twenty-four days. Efforts had been made by the physician to remove them by means of forceps, etc., but it only pushed them more firmly in, impacting them in the oval or ellipsoidal auditory canal. They were covered with dried blood, and the whole integument was swollen around them.

The child was in a highly irritated, nervous state, from the repeated fruitless attempts. With the assistance of her uncle, A. G. Feather, Esq., and her mother, I placed the child under the influence of a mixture of ether and chloroform, which I recommended in such cases as early as 1859, and then having the ear held as before mentioned, I injected forcibly several ounces of tepid water, and in a few seconds the water collected behind the body and washed it out, so that I could grasp it with my short anular forceps. The same result followed in the opposite ear, much to the delight of the mother and uncle of the child, who had witnessed the previous abortive efforts.

The child was then allowed to recover from the effects of the anæsthetic; the ear was carefully dried, and a portion of oil with belladonna was dropped in to remove irritation, and the case discharged.

Some bodies in the ear, more especially those that are rounded off and have no sharp edges, will do no harm. But there are many others, which we know from having witnessed the results produced, cause deafness, etc , as may also be noticed in a case which we before reported, of a grain of Indian corn, which had remained for four years in a child's ear, and had been forgotten until we removed it; and, although the hearing of the deaf boy was improved, yet the long pressure had permanently thickened the membrana tympani.

# Editorial Department.

## Periscope.

### Cohnheim's Alleged Discovery.

In the *Dutch Archives of Medical and Natural Sciences*,* (as we learn through the *British and Foreign Medico-Chirurgical Review*), Dr. Koster treats of Cohnheim's alleged "discovery," by which pus-globules outside of the capillaries are made out to be white corpuscles of the blood, which have emerged through orifices in the capillary walls. Dr. Koster appears to think this "discovery" to be quite established; and goes on to say: "If we should soon succeed in obtaining a more positive and distinct explanation of the origin of the change of the circulation of the blood, as a starting-point for inflammation, a great light will undoubtedly be shed by the facts discovered in late years upon a process of which, we may, in general, assert what Cruveilhier

* Conducted by Donders, Koster, and others.

said of phlebitis in particular, '*qu'elle domine toute la pathologie.*'" That is to say, as Dr. K. seems to suggest, a person is exposed, while heated, to a draught of cold air, and has, within a few days, a pneumonia. Between the chilling process and the inflammation there is a hiatus in science.

We learn, however, through the *Archives de Physiologie*, etc., of Dr. Brown-Séquard, that Professor K. Balogh, of Pesth, denies the accuracy of Cohnheim's conclusions relative to the white corpuscles. Repeating the experiments of the latter, Professor Balogh readily perceived the white globules collect at certain points of the vessels, particularly at the origin of the ramifications; but, in spite of the closest attention, and although the experiment was often watched for more than twenty-four hours, he never saw a white corpuscle on its way through the walls, or having emerged. He considers the views of Waller, as reproduced by Cohnheim, the result of optical error. He does not positively deny the existence of openings in the walls of the vessels, but is convinced that those openings are only large enough to allow the passage of fluids. He thinks the white globules found in the vicinity of the vessels are produced by the multiplication of cells of connective tissues.—*Boston Med. and Surg. Journal.*

### Digitalis in Heart Disease.

Dr. J. M. Fothergill has the following practical remarks on the employment of digitalis in various cardiac affections, in the April number of the *Edinburgh Medical Journal.*

In *hypertrophy*, digitalis is not indicated, though it may certainly relieve the results of it, by producing a state of dangerous tonic contraction; except, perhaps, when a very narrowed aortic orifice presents an almost insuperable obstruction. "In fact, the art of treating hypertrophy consists in keeping the patient rather low, and the circulation very tranquil, yet short of producing anæmia or debility" (Hope); and this can be more safely done by remedies, as antimony and aconite, which certainly directly lower the action of the heart, than by digitalis.

In *valvular lesions* it is almost always indicated. In obstruction, by assisting the natural efforts of the heart to overcome that obstruction. In a case of aortic obstruction, with cerebral anæmia following wherever over-exertion left the heart unequal to driving a sufficient column of blood through the narrowed orifice, digitalis, continued for a few days, relieved the patient for months. In a case of pulmonary obstruction it relieved the symptoms, and produced the same effect in increasing the apex-beat, as in the more common aortic obstruction. In regurgitation through the mitral valve it is most useful: the increased action of the right ventricle (which may sometimes be shown by the sharp click of the pulmonary valves—Skoda) is not lost through the comparatively short passage of the blood through the pulmonary circulation, and this *vis a tergo* is effective in, to some extent, opposing the regurgitation. But in tricuspid regurgitation it, as well as anything else, seems useless. The increased action of the left ventricle is lost over the length of the systemic circulation, the venous regurgitation can in no way be controlled, and the case goes on from bad to worse rapidly, apparently little influenced by remedies. In auriculo-ventricular regurgitation little good can be derived by direct stimulation of the auricles; auricular hypertrophy is comparatively rare, and possesses no great compensatory power, because the auricles have no valves *behind* them. In mitral obstruction it is of use for the same reasons as in mitral regurgitation. In the rare cases of tricuspid obstruction it is probably of as little use as in tricuspid regurgitation, and for the same reasons. In aortic regurgitation it has been considered contra-indicated, the heart contracting sufficiently strong without it, and from a fear of producing tonic spasm, which may never be followed by dilatation; but in this case even we must be guided entirely by the state of the muscular walls: if nature is conducting the conservative change to a sufficient length unassisted, no interference is indicated; but if not, and there is a tendency in the walls to yield, then digitalis is not contra-indicated. Pulmonary regurgitation, when it exists, will require the application of the same rules as aortic regurgitation. "The importance of the existence of valvular disease lies not in the injury it inflicts itself, as in the likelihood of the induction of the other lesions of the heart." (Chambers.)

In *dilatation* of the heart, whether simple or with hypertrophy, aed with or without valvular lesions, digitalis is especially indicated. The thinner the muscular walls, and the feebler the contractions, the more imperatively is it demanded.

In *organic degeneration of the muscular tissue*, I have attempted to show the rationale of its use; whether the explanation can stand, or not, the fact can, that in cases where there was every reason to believe the muscular structure of the heart affected, from the presence of arcus senilis, and that haziness of the cornea as if globules of

fat were scattered through its tissues generally, which makes the accompanying arcus senilis still more significant, a course of digitalis has been followed by lasting benefit.

While digitalis, by increasing the heart's action, leads to a freer flow of blood to supply the waste, and thus more or less permanent good results therefrom, still it is most desirable that that increased flow of blood should be healthy blood; and in cardiac debility anæmia is most frequently present. Now, from its known effect in anæmia on the one hand, and the improved nutrition which results from its use on the other, in lesions of nutrition of the heart as much as in other organs, iron is clearly indicated in conjunction with digitalis. How this can be done so as to secure the maximum amount of good in every way, shall be considered in the following section.

*Mode of Administration.*—Digitalis is usually prescribed in three modes—the powdered leaves, tincture, and infusion. The infusion has always been considered to contain more particularly the diuretic principle, and therefore does not concern us here; while the tincture retains more especially the tonic principle which acts upon the heart. The tincture is a ready and, in some cases, most convenient form for exhibiting it; but it has these great drawbacks, it forms a very unpleasant combination with iron, and its taste is objectionable—a great disadvantage where it is desirable that the patient continue the medicine for some considerable time. Where the patient is not anæmic, it is most convenient to prescribe the tincture, in a bitter infusion if the appetite is defective, or, if necessary, with chloric æther, sorpentaria, or other diffusible stimulant.

The most convenient form for general use is the powder. Of digitaline I cannot speak from experience. Of course, when prescribed along with iron, it will combine with it in the stomach; but that is of no great consequence. Chronic disease of the heart is commonly accompanied, probably as results, by constipated bowels, frequently great disengagement of gas, and, in a great proportion of cases, by more or less gastric catarrh. It is convenient, therefore, often to prescribe it along with sulphate of iron—one of the best preparations of iron, while its astringency acts favorably on the stomach—a little powdered capsicum in the watery extract of aloes, pil. aloe et myrrh, and extract of gentian (all of which form good pill-masses, and this is no small matter in encouraging the practitioner in the use of pill medicines), according as the bowels require. Do not let the reader be tempted, if a little brisker purgative is required, to mix pil. col. comp. with iron, if he wishes ever to see the mass in actual pills, but use a little pulv. scam. co., or a little gamboge. Sulphate of iron, to be easily used in a pill-mass, requires to be well dried, either in an oven or before a hot fire, so as to become anhydrous. This combination I have found to be far the most convenient of all forms of exhibiting digitalis, both as regards the patient's requirements and also its easy administration. As a pill, something like this—℞. pulv. digitalis, gr. xv.; fer. sulph. exsicc., gr. xxx.; pulv. capsici, gr. xv.; ext. al. aquos., q. s. in pil. xxx. div.—is desirable; and a pill should be taken after dinner and another meal, at the patient's or your option. The pills are well digested, and cause no inconvenience if taken about half an hour after a meal. This form of using digitalis obviates the necessity of the patient twice a day rebelling against its unpleasant taste, and also does not cause any gastric derangement, which the tincture is charged with doing sometimes, though a free use of it has only brought one case, where it might possibly be blamed, under the writer's notice. In some cases it might seem desirable to administer the tincture in a bitter infusion before the food, and the iron after food—restorative remedies acting most powerfully when digested along with the food.

In conclusion, let me say that a free, fair, and impartial trial of digitalis, in atonic conditions of the heart, is most desirable, as, if the above-announced view of it be correct, it is an agent which stands alone in our pharmacopœia, and holds out hopes to the suffering patient which no other remedy can supply. Let the trial be as general as possible, if conviction is to be generally attained, in the present state of medical thought on the subject, whether the newer views be substantiated or not. It certainly will sometimes be a trial of the practitioner's moral courage to prescribe it, with the old idea as to its sedative action to deter him. But let him not be afraid, since Sir. H. Holland wrote: "The enlarged and flaccid heart, though, on first view, it might seem the least favorable for the use of the medicine, is, perhaps, not so." The idea as to its tonic action has constantly been growing, till I venture to say, that the thinner the muscular walls of the heart, the feebler their action, and, probably, even the more degenerate their structure, the more imperative the necessity for digitalis.

**Cases of Syphilis Treated without Mercury.**

Dr. Charles R. Drysdale and Mr. Robert W. Dunn, M. R. C. S., read at the Harveian Society, London, on March 18, 1869, the following cases:

*Case* 1. Charlotte D., aged 16, seen by Dr. Drysdale August 2d, 1863, with roseola, alopecia, and enlarged posterior cervical glands. Had felt a small sore on the vulva a month or so before, which healed of itself. Patient complained of pains in the head. To take the following mixture of chlorate of potash.

℞. Potassæ chloratis, gr. v.
Acidi hydrochlorici dil., ♏v.
Aquæ, ℥j.
Ft. haustus ter diesumendus.

Under this treatment the disease progressed favorably. She had slight angina, which was treated by a chlorate of potash gargle. By the month of October, 1863, the roseola had disappeared, and she was in very good health. The patient was pregnant at the time.

*Case* 2. T. P., a young man, aged 20, father of Charlotte D's child, and subsequently her husband, came soon after the appearance of Charlotte. He was suffering from gonorrhœa and a scaly syphilitic eruption, sore throat, enlarged posterior cervical glands and inguinal glands. Treated by the chlorate of potash mixture, he lost all of his symptoms in about two months. The child with which Charlotte D. was pregnant was born at full time, but only lived seven weeks. It was said to have died of convulsions. Charlotte D., in the year 1865, then in excellent health, brought her second child to be seen by Dr. Drysdale, then five months old. No trace of syphilis was seen on this child, and although it, as well as both of its parents, have been under observation since that date, no further traces of the disease have been remarked in any of them. Such cases are, of course, of themselves sufficient to demonstrate that, contrary to the doctrine of John Hunter and his school, syphilis tends to wear itself out in many constitutions in about a year and a half or two years.

*Case* 3. Mary B, aged 13, came under the care of Mr. R. W. Dunn, July 10th, 1865. When first seen, she complained of painful micturition, discharge, and pain in the labia majora, which, on inspection, were observed to be much swollen and enlarged. Aug. 17th. She had a discharging bubo in the left groin; labia much swollen, and painful micturition continued; appetite bad; pulse 110; poultices to bubo; ammonia and bark fomentations to labia. August 24th. Groin still discharging; pulse 110; roseola over the body; bark and nitric acid; poultices to groin. Aug. 31st. Angina and roseola; gargarisma potassæ; riss-medicinam. Sept. 7th. Rash paler; throat better. 14th. Psoriasis syphilitica on face, legs, and arms; repeat same medicine. 21st. Cervical glands greatly enlarged.

℞. Tinct. ferri perchlorid., ♏v.
Aquæ, ℥ij. t. d.

26th. Complained of pain in right arm and elbow-joint; glands in the neck enlarged and painful; rash fading; repeat. Oct. 25th. Cervical glands still much enlarged; repeat. Nov. 10th. Skin hot and dry; pulse 120; pains in the limbs.

℞. Liq. ammoniæ acetatis, ℥iij.
Ammon. sesqui-carb., gr. xij.
Ætheris chloric, ℥ij.
Aquæ, ℥vj.
℥j. t. d. s.

Nov. 30th. Much better; only a few spots on face; cervical glandular enlargements nearly gone; to take cod-liver oil and venum ferri. Jan. 5th, 1866. Complained of pains in limbs; a few spots still seen on the face; to have change of air, and live well. April, 1866, looked quite well—indeed, the picture of health—and said she had not felt so well for years; a few cervical glands still enlarged. In 1867, she was quite well, with no relapse; and in 1868, continued quite well, without any relapse. In this case the space of one year was sufficient to remove all symptoms in what at first seemed a severe case, and apparently without any probability of a relapse taking place.

*Case* 4. Emma P., aged 24, was seen first by Dr. Drysdale, February 10th, 1864, with ulcers and mucous tubercles on the soft palate, and roseola on the trunk and limbs. This was a very slight case. She was treated by means of gargles of chlorate of potash, and a mixture containing the same ingredients, until the month of April, 1864, when, all symptoms having left her, she came no more for a time. She has repeatedly been seen since that time, but without any symptoms of specific nature being remarked. In January, 1868, she attended with toothache, and at that time was free from all symptoms of syphilis. This patient had been married for some years, but had no children, nor had had any miscarriages.

*Case* 5. Catherine C., aged 24. April 25th, 1864, with stains of *café-au-lait* color on face and breast, and spots of psoriasis on thighs. Was under treatment for these symptoms for a space of four and a half months. The treatment consisted of gargle and mixture of chlorate of potash.

The eruption, though far more tedious than that of Case 4, gradually disappeared. The patient was seen in 1866, in excellent health, by Dr. Drysdale, no relapse having occurred.

*Case* 6. John L., aged 17; seen first by Mr. Dunn, on the 24th June, 1864, with sore on the penis, very slightly, if at all indurated; but with multiple enlargement of the inguinal glands. Treated by means of a mixture of chlorate of potash, the sore soon healed up, and he left for a time. Sept, 8th, 1864, he returned, with a scaly, syphilitic eruption over the body, face, and extremities. Treated by chlorate of potash mixture. Sept. 26th. Sore throat; ulceration of the tongue. *Repete medicinam*, and use an astringent gargle. Oct. 24th. Discharged without any further symptoms. No relapse since that date.

### The Case of Superfetation.

The late intelligence concerning the singular birth at Schliewen, in Prussia, is to the effect that the child was brought by special request before the Natural History Society of Dantzic, but as the case gave rise to debate, the mother was persuaded to go to Berlin for medical advice, and we have from the latter city Dr. Dönitz's description of the phenomenon. The tumor has a lobed exterior, covered with normal skin, which here and there shows thin black hair half an inch long. The movements are from 30 to 40 per minute, and are rather stronger while the child is asleep than when it is awake. They make an impression as if caused by the sudden drawing of chords stretched within the tumor, from the os sacrum out towards the furrows between the swellings of the surface. At the same time the bulbous swellings are more tightly stretched, and stand out more fully. In the interval between two such movements, the surface is observed in separate places to rise and fall wave-like or worm-like. All these motions occur in the same place, and most strikingly in the cleft between the two protuberances. They occur, too, by fits and starts; and no connection can be discovered between them and the respiration, the pulse, the peristaltic movements, or those of the broad and large fontanel. They are also thoroughly independent of the child's muscular exertion. Harder parts may be felt within the tumor, which appear to be thickened cyst-walls. Other cysts are thin-walled, and easy to identify. Two theories concerning this phenomenon are: that independent muscular cords are actually stretched, as suggested above, and contract without the will of the child; or that a second, rudimentary nerve-system exists there, contrary to our experience of sacral tumors. Dr. Dönitz inclines to believe in the muscular theory, as opposed to the fœtal, although the contractility of the muscles in similar cases has not been observed.

### A New Nosology.

The College of Physicians of London has recently completed a new classification of diseases.

On a former occasion, says the *Lancet*, we stated that the object sought to be attained was the establishment of a uniform standard of comparison for statistical facts, collected not only in our country, but various parts of the world, and thus the more readily to aid in the discovery of causes of disease through a common understanding as to what each observer signifies, and to what he refers in the use of particular names or terms—to ensure, in truth, a complete agreement in the comparison of diseases, and so the more correctly to estimate the influence of varying conditions of climate, age, sex, and the like. In the nomenclature the English names are ranged in parallel columns with the Latin equivalents and corresponding terms in three modern languages. The definitions of diseases are framed solely for the purpose of identification, and not as explanatory of the phenomena of diseases. The various maladies to which the body is subject are divided into general and local, and in using the nomenclature, we first turn to the index, which is most copious, occupying no less than eighty pages, and the preparation of which must have entailed immense labor. This duty, together with that of secretary, devolved upon Dr. Sibson, and his services in the matter call for special recognition and commendation. Well, in the index we find names in Egyptian type, Roman capitals, and italics; the latter are synonyms, which are not to be employed in registration, but a special number refers to the place where the correct name to be used will be found; the Roman type is for the Latin names proper, but those for common use are in Egyptian type. Against each name to be used in registering a disease a number is placed, indicating the page where the disease in its legitimate position in regard to others, and its definition when thought necessary, are to be met with; and, if the number is without brackets, the exact head under which the disease is to be registered. In the body of the work it is directed that local manifestations of general disease are to be returned amongst general diseases. When it is necessary to specify any variety of disease, it is indicated by being indented.

### Phenic Acid as a Febrifuge.

At a recent meeting of the Academy of Sciences of Paris, M. Clerseul communicated on the part of M. Calvert, a note on the employment of phenic acid as a febrifuge superior to quinine. In a little town of the Island of Maurice, during the months of December, 1867, and January, 1868, in a population of 900 inhabitants 300 suffered from typhoid fever, and 41 died. Phenic acid was employed to disinfect the sewers and cesspools in the town, and for sprinkling with a weak solution the alleys and passages. The fever disappeared rapidly, and three months afterwards, in the report of Dr. Gower, it was established that from the 17th of February, when the use of the phenic acid was established, to the 1st of April, only two deaths took place, both of them in the first fortnight.

Dr. Tessier universally treats his cases in the island by the same means, and with wonderful success. For example:

"After the administration, from June 7th, to a Creole attacked with intermittent fever, for seven days, of doses of quinine, the fever was arrested, but reappeared on July 1st, and, despite the repetition of the treatment, with the addition of salts of iron and extract of cassia, no good result was obtained.

"Dr. Tessier then injected under the skin three-quarters of a grain of pure acid, dissolved in twenty drops of water, and the fever disappeared. A second injection was, as a precaution, made on the 12th, and the fever never returned. Twenty-seven patients submitted to the same treatment obtained the same happy results."

Drs. Barraut and Tessier consider that these results demonstrate that intermittent fevers are due to the presence of microscopic ferments, animal or vegetable, in the blood.—*Union Médicale.*

### Wharton's Modification of Teale's Method of Amputation by Rectangular Flap.

At the meeting of the Surgical Society of Ireland on Friday, the March 19, Mr. Stokes read a paper advocating the substitution of Mr. Wharton's modification of the late Mr. Teale's amputation of the thigh by the rectangular flap. He noticed the several modifications of the operation which had been recommended by Spence, Carden, and others. He enumerated the objections to Mr. Teale's method when applied to thigh amputations. They were the great extent of cut surface it necessitated, the longitudinal incision through the muscle, and the high division of the bone. He considered Mr. Wharton's modification of the operation obviated these objections, and entered at length into all the points which had been urged against it. He cited Dieffenbach's authority in low division of the bone in amputation of the thigh, whose words might be freely rendered, "Danger increases by the inch." He had adopted Mr. Wharton's method in a case of amputation of the thigh for extensive lupoid ulceration of the leg and foot, and he exhibited the patient when the meeting had adjourned. The stump was an excellent one; and, although there was not the same amount of soft loose cushion covering the end of the bone as we have seen in cases of Teale's amputation, this would be comparatively unimportant, and not to be weighed for one moment against the increased loss of bone, implying increased risk, in the latter operation. The subject gave rise to an interesting discussion.—*Brit. Med. Journal.*

# Reviews and Book Notices.

## NOTES ON BOOKS.

The "Annual Report of the Directors and Wardens of the Ohio Penitentiary" for 1868, a pamphlet of 112 pages, illustrates, among other things, the careless arrangement of some very important public buildings. Between the 1st and 10th of last August, nearly four hundred inmates were under treatment for gastric irritations, brought on, as Dr. Norman Gay, the physician, pointed out, by nothing else than the foul air of the cells.

An interesting discourse was read by Edward Parrish at the opening of the new hall of the College of Pharmacy in this city, last October. It has since been printed by the Trustees. The subject is the origin and early history of the College, and as a "local," it is worth the attention of collectors.

Two republications of note are the article on Vesico-Vaginal Fistule without the Aid of Assistants, by Dr. Nathan Bozeman, of New York; and the elaborate essay of Dr. Nathan Allen, of Lowell, on the Intermarriage of Relations, first published in the *Quarterly Journal of Psychological Medicine.*

Dr. A. D. Rockwell, already favorably known by the attention he has given to the therapeutic action of electricity, has recently published a paper, read last November, before the New York Academy of Medicine, on the Treatment of Paralysis by Electrization, with an explanation of a new Galvanic apparatus.

Dr. Louis Bauer is out in a rejoinder to Dr.

SAYRE's paper entitled, "A New Operation for Artificial Hip-joint in Bony Anchylosis," which contained some allegations unfavorable to Dr. B. The points are well met.

The Valedictory Address to the Graduating Class of the School of Medicine of the University of Maryland, by Mr. S. T. WALLIS, has been published in very neat shape by the Faculty. (KELLY & PIET, Balt.)

We further acknowledge the receipt of the following pamphlets:

Fourteenth Annual Report of the Northern Ohio Lunatic Asylum.

Report of the Butler Hospital for the Insane, Providence, R. I.

Report of the Pennsylvania Hospital for the Insane. 1868.

Twenty-sixth Report of New York State Lunatic Asylum.

First Annual Report of the New York Orthopædic Dispensary.

First Report of the St. Mary's Hospital of Philadelphia.

Annual Report of the Board of Trustees of the Public Schools of Louisville, Ky.

Forty-sixth Annual Report of the Mercantile Library Company of Philadelphia.

Report of the Board of Health of the City and County of Philadelphia for 1868.

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**Proceedings of the American Pharmaceutical Association, at the Sixteenth Annual Meeting, held at Philadelphia, Pa., September, 1868. Philadelphia: 1 vol., pp. 506.**

This volume is perhaps the most valuable of the always valuable reports of the American Pharmaceutical Association. It should have as wide a circulation among both druggists and physicians as, say, the U. S. Dispensatory. We are not, and never have been friends of those members of our profession who advocate the relegation of all that concerns the compounding and preparing of medicines to the apothecary. This is one of the reasons why the prevalent superstition about the action of medicine has arisen. Let physicians study drugs as they study diseases, and this scepticism will diminish. But to return to the volume before us.

It contains the minutes of the meeting, the reports of the standing committees, special reports and essays, and an appendix. Among the essays there are several of very great therapeutical interest. That of Dr. SQUIBB on Carbolic Acid, on Suppositories by C. L. EBERLE, on Hydrarg. cum Cretâ by J. P. REMINGTON, etc., are worth careful perusal. The proceedings are also full of interest.

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**A Handbook of Uterine Therapeutics, and of Diseases of Women. By EDWARD JOHN TILT. Second American Edition, thoroughly revised and amended. New York: D. APPLETON & Co. 1869. 1 vol., 8vo., cloth, pp. 343. *Price*, $4.00.**

Dr. TILT is well known to American readers, by several excellent works on the diseases and hygyiene of women, and no one of his works is worthy of higher praise than this. We can confidently promise any one that buys it, that he will be entirely satisfied with his bargain.

The points that it embraces are the surgical appliances and modes of examination in such diseases, uterine dietetics and home treatment, tonics, sedatives, the antiphlogistict treatment, caustics, emmenagogues, hæmostatics, specifics, uterine misplacements, and treatment of uterine complications and sterility.

The author is thoroughly master of his subject, and in style he is one of the most agreeable of the English medical writers.

What we wish to dwell on with particular emphasis is the fact which appears in the preface, that this edition was supervised by the author himself for the American market, at the request of the publisher, Mr. APPLETON, and is not stolen property, as most of the other English medical works published in this country are.

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**A Conspectus of the Medical Sciences; comprising Manuals of Anatomy, Physiology, Chemistry, Materia Medica, Practice of Medicine, Surgery, and Obstetrics, for the use of Students. By HENRY HARTSHORNE, A. M., M. D., etc. With 310 Illustrations. Philadelphia: H. C. LEA. 1869. 1 vol., 12mo., pp. 1002. *Price*, $4.50 cloth, $5.25 sheep.**

This manual, in size, plan and appearance, is not unlike the "NEILL & SMITH," which is doubtless well known to many of our readers, as a remarkably convenient book to "cram" with, when preparing to go before army boards, and such tribunals. It is the composition of several hands, as Dr. HARTSHORNE informs us in the preface. From a somewhat hasty examination of its contents, they seem well prepared for the purpose in view; and it is a convenient and useful manual for the student preparing for his examination.

Such books have their place, and do not merit the severity of criticism they have received in some quarters. But we need hardly iterate the remark, that the student or the graduate who makes such books as this the chief works in his library, is preparing for himself disappointment and disgrace.

Medical and Surgical Reporter.

PHILADELPHIA, MAY 1, 1869.

S. W. BUTLER, M.D., & D. G. BRINTON, M.D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

## NOW FOR A CLEAN AND HEALTHY CITY.

Time was when the streets of Philadelphia were as proverbial for their cleanliness as the city was for its healthfulness. Cleanliness and health are so closely allied that the absence of one, almost necessarily includes the absence of the other. The spasmodic efforts made every spring to "clean the streets" of our large cities in anticipation of the advent of summer-heat with its accompanying epidemics, shows a slight, though not very intelligent appreciation on the part of our municipal authorities of its importance to the public weal. We say, not very intelligent, for winter has its epidemics too, and there is as much necessity for keeping a clean city during the winter as during the summer months; and it is not the streets alone that should be kept clean, but the lanes and alleys, back yards, open lots, houses and people. The process of cleansing should be continuous, not spasmodic. Filth should not accumulate during six months of the year, and then the reeking piles opened just on the advent of hot weather, to diffuse their foul miasms through the atmosphere, to the detriment of the health of the community.

We are glad that by a recent law of the Legislature it is made the duty of the Board of Health of this city to supervise the cleansing of its streets and houses. That is just where the work properly belongs. We believe the Board has great power in the premises, and trust it will not be backward about using it. There are, very properly, several medical men on this Board, and their brethren will look to them to exert their influence in every way to promote the health, and by consequence, the happiness and wealth of their fellow-citizens.

## THE ADMINISTRATION OF CHLOROFORM.

Dr. A. M. Rosebrugh recently read before the medical section of the Canadian Institute an essay on a new method which he had employed of administering chloroform. The essay has been published by Wm. Wood & co., of N. Y., and we take from it the following exposition of the author's views.

"My method of administering chloroform is as follows:—The patient is placed on his back either on a couch or table, and a linen napkin is placed over the face, so that one thickness only covers it. A two-drachm vial is filled with chloroform; an assistant observes the pulse, and holds the watch in such a position that the administrator may see the second hand. The administrator assumes a convenient position at the head of the patient, and, everything being ready, with the left hand he raises the napkin so that it does not touch the nose, about one-and-a-half inches from the mouth. The chloroform is now carefully dropped upon the napkin, over the mouth, a definite number of drops being allowed to fall per minute, commencing with a minimum quantity and gradually increasing until, in the third minute, the maximum quantity is reached. One-third the maximum dose is given during the first minute, and two-thirds during the second. The maximum dose should be continued from two to six minutes, according to the effect of the anæsthetic upon the patient, and the degree of narcotism desired. Where it is necessary to keep up the narcotism for a length of time, the maximum quantity of chloroform may be repeated occasionally (as often as the condition of the patient may seem to require) or about one-half the maximum quantity may be administered continuously.

To adults, I have given more than 35 drops per minute, as a maximum dose; 30 drops per minute, I have found in most cases to be sufficient. For children 11 or 12 years of age, I have found that a maximum quantity of 18 drops per minute is sufficient. For children from 7 to 9 years of age, about 15 drops a minute is sufficient. Children about 5 years of age require from 8 to 10 drops a minute. In all cases about one-third the maximum dose is given the first minute; and two-thirds the second minute; the maximum dose never being reached until the third minute from the commencement of the inhalation.*

* I have recently administered the bichloride of methylene *guttatim* in two cases; and find that the maximum dose is from 35 to 40 drops per minute. In one of the cases (an adult), narcotism was induced in fifteen minutes, by administering thirty drops per minute.

When chloroform is administered by this method, I find that in almost every case there is entire absence of excitement or struggling on the part of the patient. As a rule, the patients pass quietly under its influence as if they were falling asleep naturally. Children pass under its influence usually without objecting to the administration. And, moreover, I have never in any case, observed that peculiar tremor which is said to mark the commencement of complete narcotism. Another feature in this method of administering chloroform is the very small quantity of chloroform required to produce complete narcotism. I seldom require in any case to administer more than one drachm, unless the nature of the operation require its re-administration."

### THE N. Y. INEBRIATE ASYLUM.

This admirably managed institution, under the judicious superintendence of Dr. A. Day, makes a most favorable report of progress this year. The glowing words of hope uttered by its founders and early friends have nestled in the hearts of nobly thinking men, until they have come to a full fruition in the establshing of this institution, one of the noblest monuments of the civilization of the age.

Of the two hundred and twenty-eight patients discharged from the Asylum since the 1st of May, 1867, one hundred and thirteen appear to have permanently reformed, after a single probationary trial. Satisfactory reports of the condition of these have reached the Superintendent through the medium of correspondence addressed to him, either by the men themselves or by their friends.

Eleven have fallen after a first trial, and four after a second; but returning and clinging to the Asylum, these likewise have triumphed in the end.

Of sixty-eight there are no certain tidings, nor any means of ascertaining their present condition; but as many of these were in a highly favorable state of physical and moral health when they left, we may confidently suppose that at least one-third of the number have reformed.

Twenty-five may be set down as failures and incorrigible. No word of cheering assurance has come from themselves or their friends. Only four have died; and three have been discharged insane.

Of the latter class of cases it is remarked that the drunkenness is as like to be the consequence as the cause of the insanity, which is often merely developed from a latent form by the repeated excitements of debauch.

Youth is an unfavorable condition; so, especially, is a giddy frivolity of mind on the one hand, or dullness on the other.

It is hard work to impress upon the puerile or the stupid that solemn sense of the situation—the danger and the responsibility—without which they must remain deaf to the voice of warning, and defiant to the claims of affection. We sincerely hope that the excellence of this institution will become generally known. It will thus become the salvation of thousands who otherwise are doomed to that worst of ends—the drunkard's death.

### MEDICAL SOCIETY OF STATE OF PENNSYLVANIA.

The twentieth annual meeting of the Medical society of this State will be held in Erie, commencing Wednesday, June 9th; it is earnestly hoped that there will be a large attendance. We believe it is the first time a meeting has been held in Erie, and we trust that the profession of that section of the State will be so stimulated by the fact, as to present inducements to the society to visit them again. Let them greet the society with full delegations, and a rich literary feast. Of material feasting, let there be as little as may be, without destroying the sociable feature of these meetings.

Arrangements have been made by which delegates will be returned free, on the several lines of railway.

Let there be a large attendance.

### Horse Flesh as Food.

In spite of the ardor of horse-flesh-eating societies, public dinners where you could eat horse steaks and hear enthusiastic political economists laud the use of this new article of food for the million, it has not very well succeeded, even in Paris. The patrons of cheap restaurants seem inclined to treat the flesh of that useful animal very much as, according to Mr. Dana, the sailors do, in the verse he gives in one of his travels.

> "The sailors, they do me despise,
> They turn me over and damn my eyes,
> Cut off my meat, and pick my bones,
> And pitch the rest to Davy Jones."

During the year 1868 there were slaughtered in Paris 2400 horses. About 40 per cent. of these were sold to cheap restaurants, and about 10 per cent. to the poor. But even the poorest *ouvriers* and *chiffoniers* have a great aversion to its use, and nothing but ignorance or dire necessity obliges them to accept it.

# Notes and Comments.

## THERAPEUTICAL BULLETIN.*

Compiled by Geo. H. Napheys, M. D.

No. 11.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc., etc.

The selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form.

In reply to inquiries from correspondents in regard to formulæ for the use of carbolic acid, this week's bulletin is devoted to recipes for the external and internal employment of this now popular remedy.

*Carbolic Acid Formulæ.*

Henry L. Burton, M. D., Somerville, Tenn.

83. ℞. Acidi carbolici, gr. viij.
Aquæ, f.℥iv. M.

Saturate a piece of lint with this solution, and employ as a constant application to chancres. The parts should also be freely touched, after having been thoroughly cleansed, with crystallized carbolic acid, at intervals of two or three days. The crystallized acid will be found equal to other caustics in the treatment of syphilitic warts.

Surgeon C. J. Cleburne, U. S. N.

84. ℞. Acidi carbolici, gr. viij—xx.
Glycerinæ,
Aquæ, āā f.℥ij. M.

Use as an injection for gonorrhœa. The preparation which should be used is the crystallized acid of Merck, or the chemically pure article of Calvert. The liquid carbolic acid, in the proportion of two to five drops to the ounce of water, gives pain and seems to aggravate the symptoms. Dr. Cleborne has also employed this remedy in the treatment of boils, whitlows, and abscesses. After making a free opening so soon as fluctuation could be detected, and when all the pus had been discharged by gentle pressure, he injected or swabbed out the cavity with the ordinary liquid carbolic acid of the shops, after which a water dressing was applied. By this treatment further suppuration was prevented, and the wound healed so rapidly that the patient returned to duty in two or three days. In some cases, after evacuating the pus and using the acid, he drew the edges of the wound together with isinglass plaster, and in twenty-four hours it entirely healed.

J. M. DaCosta, M. D.

85. ℞. Acidi carbolici fluidi, m. xxiv.
Glycerinæ
Aquæ, āā f.℥iss.

Teaspoonful ter die, in diabetes.

W. Kempster, M. D., Utica, N. Y.

*Inhalation.*

86. ℞. Acidi carbolici, gr. j.—v.
Aquæ, f. ℥j.

For inhalation by means of a steam spray producer. It not only relieves the fetor, but, in the course of two or three inhalations, changes the character of the disease in catarrhal or bronchial affections. For the first few inhalations, the patients should inhale the vapor for ten minutes at a time, both morning and evening, of the strength of gr. j.—f.℥j., care being taken that they do not leave the warm atmosphere for a half-hour after each inhalation. The solution may be increased to gr. v.—f ℥j., or even more.

*Gargle.*

87. ℞. Acidi carbolici, gr. viij.
Aquæ, f.℥iv. M.

Use as a gargle in scarlatina. In cases of common sore throat it is also found to answer admirably, having the advantage over the ordinary potassa gargles of relieving the bad taste and foul breath.

88. ℞. Acidi carbolici, gr. j.
Aquæ, f.℥j.

This is the strength of the standard house solution in the State Lunatic Asylum at Utica, New York. Of this a dessertspoonful is given ter die, in cases of sluggishness of the bowels accompanied by offensive breath. Diarrhœa produced by eating unripe fruit or other articles which promote fermentation, is relieved by combining a drachm or two of the solution with the usual remedies. When a fetid smell emanates from the cutaneous surface, order a warm bath, and then wash the surface with a solution—gr. v. to f.℥j.

* Entered according to Act of Congress, in the year 1869, by Geo. H. Napheys, M. D, in the Clerk's office of the District Court for the Eastern District of Pennsylvania.

N. B. This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

In the treatment of bed sores, Dr. Kempster derives great benefit from the use of a solution of carbolic acid (gr. xv. to f.℥j). It cleanses the surface of the ulcer, and stimulates normal granulations.

89. ℞. Acidi carbolici, gr. v.
Cerati simplicis, ℥j.

This ointment corrects the odor attendant on cancerous discharges. It is also recommended for overcoming the fetid perspiration from the axillæ or feet. An ointment of twice the strength destroys the acari scabiei, pediculi capitis, *et id genus omne*. For tinea capitis in an advanced stage, the hair should be cut short, and the entire scalp washed with a solution of the acid (gr. ij. to f.℥j.) four times a day. After the washing has been continued for a week, the above ointment, or a glycerolate of the same strength, is applied.

Prof. Joseph Lister, University of Glasgow.

90. ℞. Acidi carbolici (cryst), 1 part.
Olei lini bullientis, 4 parts. M.

This solution is used in treating abscesses, to guard against the introduction of living particles from without. A piece of rag from four to six inches square is dipped in the oily mixture and laid upon the skin where the incision is to be made. The lower edge of the rag being then raised, while the upper edge is kept from slipping by an assistant, a common scalpel or bistoury, dipped in the oil, is plunged into the cavity of the abscess, and an opening about three-fourths of an inch in length, is made, and the instant the knife is withdrawn, the rag is dropped upon the skin as an antiseptic curtain, beneath the edge of which the pus flows out into a vessel placed to receive it. The cavity of the abscess is firmly pressed, so as to force out all existing pus as nearly as may be, (the old fear of doing mischief by rough treatment of the pyogenic membrane being quite ill-founded,) and if there be much oozing of blood, or if there be a considerable thickness of parts between the abscess and the surface, a piece of lint, dipped in the antiseptic oil, is introduced into the incision, to check bleeding and prevent primary adhesion, which is otherwise very apt to occur. The intreduction of the lint is effected as rapidly as may be, and under the protection of the antiseptic rag. Thus the evacuation of the original contents is accomplished with perfect security against the introduction of living germs. This, however, would be of no value, unless an antiseptic dressing could be applied, that would effectually prevent the decomposition of the streams of pus constantly flowing out beneath it. After numerous experiments, Prof. Lister has succeeded with the following, which may be relied upon as absolutely trustworthy. About six teaspoonfuls of the above-mentioned solution of carbolic acid, in boiled linseed-oil, are mixed up with common whitening, (carbonate of lime), to the consistence of firm paste, which is in fact glazier's putty, with the addition of a little carbolic acid. This is spread upon a piece of sheet block tin, about six inches square; or common tin foil will answer equally well, if strengthened with adhesive plaster to prevent it from tearing, and in some instances it is preferable from its adapting itself more readily to the shape of the part affected. The putty should form a layer of about one-quarter of an inch thick. It replaces the antiseptic rag. It is secured by adhesive plaster, the lowest edge being left free for the escape of the discharge into a folded towel placed over it, and secured by a bandage. The dressing is changed, as a general rule, once in twenty-four hours.

Thomas Hillier, M. D., Lond., F. R. C. P., recommends the adoption of Prof. Lister's plan in the treatment of empyemia in children requiring to be tapped.

Prof. Alfred S. Stillé.

91. ℞. Acidi carbolici fluidi, gtt. xv—xx.
Tincturæ conii, f.℥i—ij.
Aquæ, Oij. M.

For exhalation in laryngeal and pharyngeal diseases, such as enlargement of the follicles and ulceration. Also in chronic bronchitis, both in the simple form and in that which usually complicates the advanced stages of phthisis. It diminishes secretion. Alcohol may be substituted for the tincture of conium.

For ointment of carbolic acid by Dr. Da Costa, see Bulletin of March 20th, (p. 234); for inhalation, by Dr. John Forsyth Meigs, see Bulletin No. 6, (p. 248.)

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### Fees in Contagious Diseases.

In Prussia the fee-bill of physicians is fixed by law, and has been time out of mind. In its revision in 1815, it was decided that a physician attending a contagious disease should have his honorarium doubled, and that a surgeon operating on a contagious disease should have his fee increased one-half. In the case of a bite of a mad dog, he could, on cutting out the wound, charge even ten times his ordinary amount.

Some such arrangement would be a good one with us. A doctor should not be asked to risk

his life and his time for the same paltry sum that he gets for an ordinary visit.

### Medical Men in High Office.

Dr. A. Van Aernam, of New York, replaces Dr. C. C. Cox as Commissioner of Pensions under the General Goverment, and Dr. Wilmer Worthington, of West Chester, in this State, has received the appointment of Appraiser at this port.

These are two excellent appointments. Dr. Van Aernam was Brigade Surgeon for a long time in the Eleventh Army Corps; and the services and high character of Dr. Worthington are too well known to need comment.

### A Villainous Book.

A German in Hanover, a man of learning, a jurist and teacher, already somewhat known in learned circles by two Latin historical essays, has written a volume of nearly 200 pages, which has found a publisher, and perhaps (we hope not many) readers, his subject being—an apology for pederasty! For obvious reasons we do not give either author's name or title. It can only be regarded as either the work of a man partially insane, or the deliberate defence of a self convicted rascal. The style is good, the arrangement methodical, and the learning with which the author defends his position would be creditable in any less nasty cause.

To us the most astonishing part of his volume is the revelations he makes on certain societies in Paris, London and Berlin, organized for the purpose of this hideous and unnatural crime. The author, let it be premised, stated that those whom he calls *urnings*, *i. e.*, pederasts, are divided into those who play the parts of women in the sexual act, and those who enact their own sex. The former dress as women in these societies, and are known by feminine names. At a single masked ball in London, he asserts not less than fifty of these female males were present; he refers to a coffee-house where they resort by dozens every night; in one of the London clubs, which the author visited in 1868, the unnatural vice was so common that those not addicted to it were quite unpopular. The author without any hesitation explains that he acts in such scenes the feminine part. The motto of the book is at once suggestive of the act, and the author's views: "*Introite! nam et hoc templum naturæ est!*"

—— Prof. Czermak is building himself a laboratory in Giessen.

# Correspondence.

## DOMESTIC.

### The Deliberations of Pharmacists,

Editors Med. and Surg. Reporter:

In reading the account, in your journal, of the proceedings of a meeting of the Philadelphia druggists recently held to consider the "objectionable Drug Bill," I was for the second time struck with the remarkable manner in which the associations of pharmacy and druggists consider questions that have a bearing alike upon the physician and druggist.

In the first instance I refer to the proceedings of the last meeting of the American Pharmaceutical Association, wherein they disposed of the subject of the renewal of physicians' prescriptions, as referred to them by the East River Medical Association of New York. The preamble and resolutions offered and adopted by a unanimous vote in the Pharmaceutical Association are, to use the mildest term, inconsistent—since their first resolution declares that they consider themselves the "owner of the physician's prescription once dispensed," and yet in the next resolution it is declared that it is not within the "province of the Association" to exercise one of the chief, and I might say the *fundamental* principle of ownership, viz., the power or will to decline the refilling of a prescription that they distinctly assert belongs to them. They, beyond doubt, render the premises most untenable, and lay themselves open to the suspicion that they scarcely have as much confidence in their ownership as the first glance at their title would suggest.

Their ultimatum is rendered much weaker by the attempt to qualify their position by the admission that they "regard the indiscriminate renewal of prescriptions as neither just to the physician nor patient," and that the practice of this abuse "should be discouraged by all proper means." Here they virtually admit the necessity for correcting this practice, but that it should be done by "proper means." What is the proper means? What means are always resorted to when a reform or a correction of a wide-spread evil is indicated, but legislation of regularly delegated and organized bodies? But the fact is, there seems to be an almost universal tendency on the part of the gentlemen of the drug profession to look upon all such questions as being referred to them in a dictatorial spirit. This feeling is surely without grounds. It is most

freely admitted that physicians have no right to dictate to the compounder of prescriptions, but there should be a spirit of harmony cultivated to act for the one great and good purpose, the welfare of humanity, entrusted alike to the physician and druggist. There is no need for the practitioner's cry as to the ownership of prescriptions. What matters it who owns them? It is a question of right, and the attainment of that end which will be most conducive to the safety of patients. This end seems best attained by the method initiated by the East River Medical Association of New York, and with which it is to be regretted that so learned a body as the American Pharmaceutical Association does not only decline to coöperate, but really seems to evade the entire question in a technical way.

But with regard to the late meeting of the Philadelphia druggists—the object of which, as stated by the chairman, was the consideration of the bill entitled, "An Act to prevent Adulteration in Drugs and Medicinal Preparations," recently laid before the Legislature—there seemed to me a positive tendency of most of the gentlemen present to totally ignore the prime object of the meeting for the purpose of disclosing issues most irrelevant to the subject in hand.

The President stated there was not a member of the Drug Exchange—of which he is the presiding officer—"who had even heard that such a bill was to be presented to the Legislature." Whose fault was this? The fact was no secret; it having been published in common with the rest of the proceedings of the State Medical Society; and hence this admission casts a reflection upon the gentlemen themselves, in not keeping posted on what concerns them so vitally. It is, however, allowed that one druggist in the city knew of it, he having had a letter addressed him on the subject by a member of the State Senate, thus literally having the matter thrust under his notice.

It is not desirable to have any law passed that will be inimical to respectable and honorable druggists, and a law providing for an inspector of drugs, it would seem, should be hailed with welcome by a profession whose aim is to elevate its character and perfect its standing. There is no provision in the Act that calls for a superannuated physician to fill the post of Drug Inspector, nor is it probable that a *superannuated* physician could be found who would forego the life habit of inspecting the pulse, etc., for the more trying one of tasting, smelling, aud experimenting with uncertain "Galenicals."

I have never been familiar with the universal knowledge possessed by druggists (as one of the gentlemen of the druggists' meeting alleges) that many men, graduates in the medical profession, could not distinguish "jalap from rhubarb." The gentleman should define just who he means. It is supposed, however, in justice to himself, that he refers to the "disciples of sugar," who are taught to abhor a knowledge of the crude and impotentized drug. If we are wrong in our supposition, we humbly suggest that a dose of each be administered to the "graduates" he has discovered until they "distinguish the difference."

The custom, wherever it exists, of paying a per centage on prescriptions, ought to be discountenanced by druggists. They could doubtless do it successfully, as they invariably make one party to such a contract; and they may rest assured they will have the hearty coöperation of all organizations and societies of physicians.

In our remarks we do not wish to do injustice to Professor Proctor and a few others who aimed to have some measures taken that would establish the remedy for prevention of sale of adulterated drugs, and in conclusion, we say that it is hardly to be thought that the physician who writes a prescription for his patient has no right to have a voice in any measure that gives him assurance that pure drugs *only* will be used in its preparation.

W. H. D.

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**Bromide of Potassium in Threatened Abortion.**

Editors of Medical and Surgical Reporter:

If you deem the following case of sufficient interest, I would be pleased to lay it before the profession, through the columns of your valuable journal.

July 28th, 1868, I was called to see Mrs. W., (colored), a widow. She was about four months advanced in pregnancy. Upon my arrival, I found that she had all the symptoms of threatened abortion, but the membranes were unruptured. After close questioning, I succeeded in eliciting the information, that for several days past she had been drinking pretty freely of a decoction made from the root of the cotton plant, for the purpose of producing abortion. Being upon the eve of accomplishing her purpose, and the consequent suffering being rather severe, she called in a physician near by, (I at the time being absent from home), who pronounced the fœtus dead, and proceeded to administer powdered ergot. Fortunately, the drug was inert, and had no effect. To relieve the immediate pain, he then administered tinct. opii, which

acted promptly in quieting the symptoms. Not profiting by her past suffering, she soon recommenced the use of the decoction with a like result. After a careful examination, I satisfied myself that the fœtus was yet living, and there being considerable nervous excitation, I determined to try the effect of bromide of potassium. I accordingly administered three doses of ten grains each, at intervals of four hours, enjoining perfect quiet, and prohibiting the use of the decoction. The result was a speedy and complete relief of all the symptoms; and without any farther trouble, or medication, she progressed favorably, and was delivered at full term, of a living male child.

I have also used successfully in one case, the chlorate of potassa, and deem them both valuable remedies, if used in time.

A. D. Boggs, M.D.

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### Creasote in Diphtheria.

Editors Medical and Surgical Reporter:

In April, 1866, we published in *Atlanta Medical and Surgical Journal*, an article on the employment of "Creasote on Diphtheria;" since that time we have still farther experimented with this therapeutical agent. Some two months ago we were called on by Mr. W. H. H., of Atlanta, Ga., to prescribe for his two smallest children—a boy and a girl,—aged about six and four years, laboring under pertussis. We prescribed a solution of cochineal and carbonate of potassæ. This afforded but little relief. Under these circumstances, we done as we have always done, when we are called upon to treat an affection in which all remedies heretofore employed have failed in filling the indication, viz., to institute a treatment not hitherto employed, we accordingly made the following prescription: ℞. Creasoti, gtt. viij.; aquæ rosar., f.℥iv. Allow them to inhale this from the bottle frequently through the day, and before retiring at night. This plan of treatment was followed by immediate palliation of the symptoms, and in four or five days my little patients were well. I think that the immediate application of this solution to the fauces by means of the probang would prove more efficient. The injection of a solution of about the above strength, answers a better purpose than anything else we have ever tried, in ascarides located in the rectum, using half an ounce at each injection, twice a day.

The other affections in which we find this remedy answers a good purpose are, ulceration following ptyalism; phagedenic chancre; syphilitic ulcerations of mouth, tongue and throat; indolent ulcers; ulceration of mouth and neck of womb; acute and chronic inflammation of the same; uterine hemorrhage; gonorrhœa; tænia capitis; herpes circinatus. Internally, we have used it very successfully in the bloody discharges of typhoid fever, as well as dysentery. Hoping some of your many readers will give this remedy a fair and impartial trial, and report as to its efficacy, I remain. etc, J. J. Knott, M.D.

*Shady Grove, Ga.*

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### Case of Dislocated Shoulder.

Editors Med. and Surg. Reporter:

The following case of dislocated shoulder occurred in my practice recently, and I present the particulars for the readers of your valuable journal.

Mrs. A., aged 65, while walking over some loose boards in her door yard, caught her right foot, and pitched forward, extending her right arm to catch herself; but in so doing, dislocated the shoulder, the head of the bone passing down into the axilla. But little swelling had taken place when I was called to the patient, about thirty minutes after the accident; fearing some trouble in reducing it, on account of the body being so muscular, I called the assistance of Dr. J., when the following simple and effectual means were used for its reduction. The patient was placed in a common wooden chair, and one similar placed beside her, when Dr. J., standing behind the lady, and putting his foot in the vacant chair, and his right knee under the dislocated humerus, grasping the elbow with right hand, and manipulating the injured shoulder with left; I also grasped the injured arm near the elbow, and made extension in direct line of the axis of the arm, the knee under axilla serving as counter-extension. This procedure was continued but for a moment, when with a little twisting motion of the humerus, the bone was replaced with a perceptible jar and snap. Tr. arnica was applied to the shoulder, and the arm done up in handkerchief bandage; but little swelling and pain followed, and patient had a rapid recovery. J. M. Downs, M.D.

*Cape May, New Jersey.*

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—— There are at present in the medical school at Zurich, eight young women studying medicine, of Russian and English birth. Professor Kapp has been so much pleased with this, that he is preparing to institute a higher school for girls intending to enter the university.—(*Mädchen gymnasium.*)

—— Professor Von Græfe is recreating himself and rebuilding his constitution by traveling in Italy. So is Liebig.

# News and Miscellany.

### National Convention for the Revision of the United States Pharmacopœia.

At the meeting of the Convention, held in May 1860, the following resolutions were adopted:

"1. The President of this Convention shall, on the first day of May, 1869, issue a notice, requesting the several incorporated State Medical Societies, the incorporated Medical Colleges, the incorporated Colleges of Physicians and Surgeons, and the incorporated Colleges of Pharmacy throughout the United States, to elect a number of delegates not exceeding three, to attend a general convention to be held at Washington on the first Wednesday in May, 1870.

"2. The several incorporated bodies, thus addressed, shall also be requested by the President to submit the Pharmacopœia to a careful revision, and to transmit the result of their labors, through their delegates or through any other channel to the next convention.

"3. The several medical and pharmaceutical bodies shall be further requested to transmit to the President of this Convention the names and residences of their respective delegates, as soon as they shall have been appointed, a list of whom shall be published, under his authority, for the information of the medical public, in the newspapers and medical journals in the month of March, 1870."

In compliance with the above resolutions, the President of the Convention announces that a meeting will be held Washington, D. C., on the first Wednesday in May, 1870, and requests that the several incorporated bodies, shall after a revision of the U. S. Pharmacopœia send the results of their labors to the Convention, and further requests that they transmit to the President the names and residences of their several delegates, so soon as elected, that the list may be published.

George B. Wood, M. D.
President of the Convention of 1860.

### University of Maryland, Baltimore, Md.

The following changes have recently taken place in the Faculty of this institution:—Prof. N. R. Smith now fills a newly-created chair of "Clinical Surgery;" Prof. C. Johnston, the chair of "Principles and Practice of Surgery;" Prof. J. J. Chisolm, "Operative Surgery, with Clinical Professorships of Ophthalmic and Aural Surgery;" Prof. Allan P. Smith, newly created chair of "Venereal Pathology;" Prof. F. T. Miles, formerly of the Medical College of the State of South Carolina, the chair of "Anatomy;" Prof. F. Donaldson, chair of "Physiology and Hygiene, with Clinical Professorship of Diseases of the Throat, Lungs, and Heart."—*N. Y. Med. Journal.*

### A Proposed New Eye and Ear Infirmary in New York.

A number of influential gentlemen of New York city have associated themselves together for the purpose of procuring funds with which to establish, in the northerly portion of the city, a hospital for diseases of the eye and ear. The circular which they have issued sets forth the striking need that now exists for the establishment of such a charity, and the advantages that may accrue from it in advancing the science of medicine. It is proposed to raise $100,000; no subscription to be binding until the sum of $50,000 shall have been pledged, and then a sufficient amount shall be called in for the purchase of a suitable site. The project certainly commends itself, and we hope to see it carried through. The names of Drs. C. H. Agnew, D. B. St. John, Roosa, and E. G. Loring, which appear on the circular, are a guarantee that the medical interests of the institution will be carefully and thoroughly provided for.—*N. Y. Medical Journal.*

### A Surgical Prize.

The Surgical Society of Paris has just announced the subject of the Laborie prize (£48) to be awarded in January, 1870:—"Point out, by the aid of clinical facts, the actual value of supra-malleolar amputation from the following points of view: 1. The mortality consequent upon the operation. 2. On the different ways of performing it. 3. The usefulness of stumps in the act of walking. 4. The artificial limbs best calculated for these stumps."—*Med. Record.*

—— Prof. Balsassa, a celebrated surgeon of Pesth, has recently died. His successor is Dr. Verebelyi.

—— Prof. Dr. Von Bruns, of Tübingen, has received the prize of 20,000 lire, offered by Dr. Riberi of Turin, for the best work in Surgery. Dr. Bruns' work was on Surgical Laryngoscopy.

—— Charles U. Shepard, Jr., of the class of 1863, Yale, has been confirmed Professor of Chemistry in the Medical College of South Carolina, in place of his father, resigned.

—— At the commencement of the Medical Department of the Willamette University, Oregon, March 3d, nine students received the degree of M. D. The degree was also conferred, *causa honoris*, on A. M. Bent, of Salem.

—— The following is taken from a quack advertisement: "This pill is as mild as a pet-lamb, and it don't go fooling about; it attends strictly to business, and is as certain as an alarm-clock." This is called the silent perambulator pill.

—— Liberal thought has gained a conquest in Bavaria. Dr. Jacob Herz, a worthy man, had long been urged for Professor of Anatomy in Erlangen, but had constantly been refused the place—because he was an Israelite! At length he has received it, to the general horror of the ultra-orthodox, and the satisfaction of the liberal minded.

## Army and Navy News.

Brevet Brig-General W. J. Sloan, surgeon, is relieved from duty at New York city, and will report to the Commanding General of the Department of the South for duty as medical director of that Department.

Brevet Brig-General L. Milhau, surgeon, will report to the medical director of the Department of the South for assignment.

General J. B. Brown, surgeon, has been relieved from duty at New York, and ordered to duty as Medical Director of the Department of the Platte.

Lieutenant-Colonel H. R. Wirtz, surgeon, when relieved from duty at Fort Hamilton by Surgeon A. H. Alexander, will be assigned to duty as Medical Director of the Department of the Cumberland.

*[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

### MARRIED.

Bullock—Orcutt.—In Derby Center, Vt., April 11th, Zenas G. Bullock, M. D., of Alleghany, N. Y., and Flora H., daughter of H. C. Orcutt, M. D., of Derby, Vt.

Downs—Williamson.—At the residence of the bride's parents, April 12th, 1869, by Rev. M. Williamson, J. M. Downs, M. D., and Miss Ella Williamson, daughter of the officiating clergyman, all of Cape May, N. J.

Kirtland—Townsend.—April 21, at the Church of the Annunciation, by the rector, the Rev. Wm. J. Seabury, assisted by Bishop Horatio Potter, William H. Kirtland, and Hattie M. D., second daughter of Dr. John F. Townsend, all of New York city.

Millard—Harper.—Privately, April 21, at the residence of the bride's mother, by the Rev. Dr. Ridgaway, Henry B. Millard, M. D., and Julie Tammisin, eldest daughter of the late James Harper, all of New York city.

Wood—Bowne.—April 20, at St. Mark's Church, by the Rev. Alexander H. Vinton, D. D., Rector, Isaac Francis Wood, son of the late Isaac Wood, M. D., and Sarah E., eldest daughter of Richard H. Bowne, Esq.

### DIED.

Ames.—Dr. Geo. L. Ames, a former resident of Manchester, Vt., died April 3d, 1869, at Niles, Mich., of heart disease, aged 38 years, and his remains were taken to Manchester for interment.

Hiatt.—At the residence of his father, in Crawfordsville, Ind., March 20, Dr. J. M. Hiatt, (formerly of Peoria, Ill.,) of consumption, aged 29 years.

Hillis.—At Terrytown, Pa., March 24, Deborah E., daughter of Dr. G. F. Horton, and wife of Dr. W. J. Hillis, of Barclay, Pa.

Lamb.—At Frankford, Philadelphia, 26th inst., John F. Lamb, M. D., in the 78th year of his age.

Poole.—Dr. John Poole, of Bradford, Vt., died on the 14th ult., aged 77 years. For many years he was the leading physician of the place, with a wide and successful practice

Shumard.—In St. Louis, Mo., April 14, Dr. B. F. Shumard, formerly of this city. He was well known for his Geological Surveys of the different States.

Suplee.—In this city, on the 19th inst., after a lingering illness, Wm. A. Suplee, M. D

### OBITUARY.

#### Dr. Orestes M. Pray,

Who (with six or eight other persons) lost his life by an accident on the Long Island Railway, on the 23d ult., was a promising young physician of Brooklyn. His age was about twenty-five years. A little more than a year ago, he was married to a young lady whom he met in Europe, while pursuing his medical studies in the hospitals of the Continent. Beginning his practice in Brooklyn, he had devoted himself with great assiduity to the specialty of eye diseases, and was rapidly gaining position when suddenly cut off by this lamentable disaster. He was on his way to Hempstead to select summer quarters for his wife and child.

### QUERIES AND REPLIES.

*Dr. N. B. R., of Va.*—"Please give me, in your Queries and Replies, the best prescription for removing stains from and cleaning the teeth? Also a good prescription for removing freckles." We shall be glad to have suggestions on these inquiries from our readers.

*Dr. J. E. C., of Del.*—"Which is the best galvanic or electro-galvanic apparatus for partially paralyzed person? I wish to procure an apparatus of some kind, but am at a loss to know which to get." We are accustomed to recommend Dr. Kidder's $20 apparatus, and, so far as we know, it has always given satisfaction.

*Dr. F. B., of Ind.*—"We notice, in the Reporter of the 3d inst., an interesting report to Dr. Buisson, concerning the treatment of hydrophobia by the vapor bath (Russian. Judging from the success he purports to have had in the treatment of that frightful disease, we would think that every physician who is familiar with his report, and is called upon to treat a case of rabies, would not hesitate in adopting his plan of treatment provided he knew just how to apply such a bath. For the sake of informing those of your readers who do not know, would you not be so kind as to suggest the best method of applying the bath in such cases?"

We expect to obtain at an early date, the original articles of Dr. Buisson, and give the full attention to his plan which it seems to deserve.

### METEOROLOGY.

| April, | 12, | 13, | 14, | 15, | 16, | 17, | 18, |
|---|---|---|---|---|---|---|---|
| Wind | N. E. | N. E. | N. W. | N. W | S. W. | W. | S. W. |
| Weather | Clear | Clear | Clear. | Clear. Bril't auro ra. | Clear. | Clear | Clear. |
| Depth Rain. | | | | | | | |
| *Thermometer.* | | | | | | | |
| Minimum | 31° | 35° | 30° | 32° | 38° | 44° | 46° |
| At 8, A. M. | 42 | 43 | 42 | 43 | 52 | 57 | 65 |
| At 12, M. | 50 | 48 | 50 | 55 | 66 | 65 | 75 |
| At 3, P. M. | 52 | 48 | 49 | 53 | 67 | 66 | 76 |
| Mean | 43.75 | 43.50 | 42.75 | 45.75 | 55.75 | 58. | 65 50 |
| *Barometer.* | | | | | | | |
| At 12, M. | 30. | 30. | 30. | 30.1 | 30.4 | 30.1 | 29.2 |

*Germantown, Pa.* B. J. Leedom.

### IOWA MEDICAL SOCIETY.

The Seventeenth Annual Meeting of the Iowa State Medical Society will be held at Des Moines, commencing at 10 o'clock, A. M., on Wednesday, May 26th, 1869.

A. G. FIELD, M. D.,
635—7 Secretary.

JUN 2, 1869

THE

# MEDICAL AND SURGICAL REPORTER.

No. 636.] PHILADELPHIA, MAY 8, 1869. [Vol. XX.—No. 19.

## Original Department.

## Communications.

### SURGICAL REMINISCENCES OF AN OLD PRACTITIONER.

No. 2.

Many of the cases related in these reminiscences present but little of interest to the experienced surgeon, but to the youthful aspirant may serve, on the one hand, for encouragement under difficulties, and, on the other, as a beacon light to guard against the errors and mishaps of the writer. Comments, other than the briefest, are omitted.

**Encephaloid of the Eye. Extirpation.**

Mary Ury, of New Concord, Ohio, æt. 6. A beautiful, sprightly child, blonde complexion, blue eyes, rosy cheeks, and long, waving, flaxen curls. Intellect precocious far beyond her years. Up to this period, with the exception of some of the infantile diseases, she had enjoyed uninterrupted good health. Father, a blacksmith; mother a stout, healthy woman; both free from even the suspicion of any scrofulous, syphilitic, or other taint or cachexia. No cancer or consumption known to exist in the connection.

The child complained that it made her eyes tired to look at her boot, and that her left eye twitched and jumped, and was always twinkling. For this trouble I was first consulted, and considering it of a nervous character, prescribed abstinence from the books, and frequent bathing of the eye in cold water, with the addition of a few drops of laudanum.

In the course of the next two weeks the trouble rather increased, and led me to a more careful examination of the eye. Her general health was still good, though she was slightly more fretful than usual. The eye was not inflamed or painful, but the pupil was dilated, and deep in, beyond it, I could discover a shining something, of a metallic lustre, having the appearance of a small, round, polished brass button. Even in a few days, this appearance visibly increased in size, and sight was almost lost. The terrible truth burst on my mind—encephaloid.

Tenderly, carefully, I broke the sad intelligence to the parents, and advised extirpation of the eye as the only, though doubtful remedy. I was met by a storm of indignation. What! would I disfigure, perhaps kill that beautiful child, whom evidently nothing ailed, except a little strain on the eye. I was summarily dismissed, and another medical man employed. He prudently gave no opinions, and his treatment I never learned. In about ten weeks, however, I was recalled to the patient, whom I found in a sad condition. She was lying on her little bed, almost on her face, as the light hurt the better eye. The blooming look was gone; the child appeared haggard and emaciated. She suffered considerable "bursting pain" in the sore eye, which protruded far beyond the socket—the size of a small apple. Appetite poor; some diarrhœa present. Extirpation was now as anxiously desired as at first it had been scornfully rejected. I acceded, and a few days after, having previously (with very imperfect success) tried to improve the little one's health, reluctantly performed the operation. A few whiffs of chloroform placed Mary beyond suffering. The eyelids, that appeared perfectly sound, were dissected back, and the whole contents of the orbit, including the lachrymal gland, cleared out. There was but trifling hemorrhage. The cavity was lightly filled with dry lint, and supported by a light ribbon. She came easily from under the chloroform, and expressed herself free from pain, and rejoicing that the ugly lump was gone. Almost from the hour, she improved, and under gentle, sustaining treatment, good nourishment, and exercise in the open air, in the course of six weeks the wound had cicatrized, and Mary had nearly regained her fine general appearance. For three months everything seemed to promise a radical cure. But about that time her mother observed that the cavity was filling up very fast. I immediately examined the child (having for some time discontinued my visits), and, alas! found the terrible enemy in possession of the field. Suffice to say, that the disease ran its course with fear-

ful rapidity; a bloody fungus, larger than the original tumor, in a few weeks filled its place. Frequent hemorrhages and constant ichorous discharge wasted her strength, but she suffered very little pain. She became comatose, and in about a month after I began the second time, the angels numbered another companion.

### Reconstruction of the Entire Upper Lip.

Herpes excedens, lupus, noli me tangere, *vulgo* eating cancer—all names expressive of a terrible and destructive malady, though not often fatal to life, yet often obstinately resists every remedy, and then, after great havoc of the part affected, capriciously ceases, apparently having exhausted its vigor. Such had been the case of Mr. N., æt. 19, from Morgan City, Ohio. When about sixteen years of age he was attacked by lupus, for which he was treated by me for some time without success, and afterward was manipulated by root doctors, Thomsonians, Indian, and cancer doctors, who, after each promising a speedy cure, had equally failed. He gave up doctors, in despair, kept the parts covered with simple ointment, and after a time, got well, with the loss of the upper lip, the upper teeth and alveolar process, and a hole in the hard palate. In this condition I found him on my second taking charge of the case. His general health was good, the local disease had been arrested for months, and I determined to reconstruct the upper lip. This was accomplished without difficulty, and without the use of chloroform, in the following manner. On each side an incision was made from the corner of the mouth to a little above the corresponding ala of the nose. A second cut was begun about one inch outside, and carried parallel with it, falling short some distance of the nose; the extremities were united by a third cut, and the flaps rapidly dissected up. Two small arteries were tied on each side. The narrow strip of semi-cartilaginous skin beneath the nose was removed next, and then the two large flaps were brought down over the mouth, and united by two hare-lip pins, and a number of small, shallow, interrupted sutures, to bring the skin in apposition. Doll pins and twisted suture were employed to attach the lip above and close the gap in the cheek. Union by first intention supervened almost throughout, and in two weeks he was ready to go home, much improved in appearance. He pleaded extreme poverty, and, having reduced my bill to almost nothing, promised to pay at an early date. I afterward learned his father was a farmer in very good circumstances, but as he lived about forty miles from my residence, this fact was easily kept out of sight. Some four or five weeks after, I received a letter marked with his post office, and opened it with the very natural expectation of finding the cash. But what was my astonishment on reading a letter couched in threatening language; that I had seriously injured him; that he was worse disfigured than before; the new lip was much too long, and kept doubling in over his lower teeth; that he had consulted a lawyer, who told him he could recover one thousand dollars damages, and finally, if I would send him two hundred dollars by return of mail, he would say no more about it. In reply, I simply sent his bill, requiring its liquidation by return of mail, under penalty of legal compulsion. It came. Some twelve months after, a good looking young man called at my office. I had some difficulty to recognize my work. He wore a fine set of plate teeth, that at the same time served as obturator for the palate, and with good enunciation apologized, and laid the blame, like Mother Eve, on the serpent, in this case the lawyer,—only he thought the lip might have been just a little longer, for it had shrunk one-third, as those jobs always do.

## BROMIDE OF POTASSIUM IN PUERPERAL CONVULSIONS.

By J. T. Rothrock, M. D.,
Of McVeytown, Pa.

The present *status* of this remedial agent gives a value to *any results*, obtained after it has had a fair trial. Analogy certainly would suggest the propriety of its administration in puerperal convulsions, especially when of an epileptiform character, as they were in the case about to be given.

What are puerperal convulsions? Rough diagnosis has doubtless often regarded as such convulsions that were essentially different. Cazeaux writes—"For myself, I understand by the term eclampsia an affection characterized by a series of fits, in which nearly all the muscles of relation, and often also those of the organic life, are contracted convulsively, and in which the fits are usually accompanied with or followed by a more or less complete suspension of the sensorial and intellectual faculties for a variable period." There certainly is great difficulty in giving for this affection a formula, at once clear, concise and unexceptionable, and in the one quoted, the limits are not always well defined, but it is perhaps as good as any other.

In looking over the Half-Yearly Compendium

of Medical Scirnce, published by the editors of this journal, I find in the first number a *resume* of an article in the *British Medical Journal* for August 17th, 1867, p. 125 by Arthur R. Steele, Esq.

So far as we can judge of the entire article from its report at second hand, there would seem to be no allusion to the use of the bromide of potassium in the treatment of this affection. In the second number, D. Warren Brickell, M. D., is reported as urging: first, if the woman is in labor, that he remove any incidental cause, and make delivery one prime object. (To this proposition we presume no one will object.)

Second. If the woman is seized with eclampsia during gestation, remove the incident cause if possible. If the spasms recur *notwithstanding the cause has been removed*, (these *italics* ours,) chloroform, opium or the kindred remedies may now arrest them. If they do not speedily do so, delivery is preferable to delay.

Third. If the woman is eclamptic during gestation or in labor, because of general vitiation, as in uræmia or malarial poisoning, delivery is the best chance she has for recovery. Such vitiations *plus* a prominent and immediately removable cause may exist, however, and the removal of the latter may arrest spasm, and enable gestation to be completed.

Fourth. If eclampsia is *threatened* during labor, delivery is imperatively demanded, as to wait for the development is to invite complication. If the threat exists during gestation, look earnestly for removable incidental causes, and remove them if found. He also states that there are remedies kindred to chloroform and opium, and which some practitioners use, but my observation is, that where chloroform and opium fail, but little is to be expected of their kindred.

Dr. Robert Dyce, in some remarks published in the *British Medical Journal* for April 18th, 1868, seems to place most trust in copious bleeding, regarding as mere secondary adjuncts chloroform, opium (judiciously given) and the cold douche and purgatives, and lastly, but very important, delivery.

In the third number of this same Compendium, we have a summary of Dr. T. A. Reamy's paper on puerperal convulsions. The author advises, first, free bleeding, and then chloroform.

Professor T. G. Thomas is quoted in the same number, by Dr. F. W. Hunter, who used with success chloroform in two cases. The citations from Dr. Thomas are.

1st. Bring the patient fully under the influence of chloroform.

2d. If the indications demand it, practice venesection.

3d. If labor has commenced, hasten it. If not, endeavor to avoid the necessity of inducing it; but if you cannot, do not hesitate too long about its accomplishment.

4th. Act freely on the bowels and skin, apply cold to the head, and give lemonade freely, if the patient can swallow.

5th. Bear in mind that the prolonged use of chloroform is not near so likely to kill as a return of the convulsions."

Dr. John Dickie used chloroform in all cases irrespective of the cause, and with uniform success.

Dr. Wm. Bass, of Lowell, Massachusetts, reports a case saved by the conjoined use of chloroform and ether.

Cazeaux and Hodge both advise the usual treatment which may be gathered from the foregoing. Unless we are mistaken, no allusion is made by any of these authors to the use of bromide of potassium in the disease before us.

The following writers advocate its use:

"Puerperal convulsions are said by Dr. Shoger and Dr. J. B. Wood to have yielded very promptly to this medicine, given in doses of fifteen grains every two hours. This result is in perfect accordance with those produced by the medicine in other nervous convulsive disorders having a reflex origin."—Vide Stillé's *Therapeutics and Materia Medica*, 1868, vol. 2, p. 799.

Dr. Wm. H. Grant, of Ossipee, New Hampshire, reports in the *American Journal of the Medical Sciences*, April 1869, p. 380, one case in which "puerperal convulsions seemed to be promptly arrested by the administration of a large dose of bromide of potassum." In the Medical and Surgical Reporter, June 6th, 1868, Dr. T. N. Simmons, of Hagerstown, Maryland, gives a somewhat detailed account of a case cured by the use of bromide of potassium, along with tartrate of antimony. We are inclined on "general principles" to think highly of this combination. February 6th, 1869, in the same journal we have a case reported by Dr. W. Noden, of Roseneath, Canada West. Bromide of potassium was used here, but from the report it is not clear that the cure can be fairly attributed to this medicine.

We have only been able to search through a limited number of works and journals for these authorities *pro* and *con*. Doubtless much more could be gathered, and some cases might be found in which even, when fully tried, the medicine has

been found powerless; though we have seen none with such an attending report.

The citations given simply express the ideas, and do not always give the exact language; we desired brevity. It would seem that, though as yet the mass of the profession have not advocated (and we could hardly expect it) the use of this remedy in eclampsia graviarum, that there is good authority for its use.

We propose now to detail one case that came under our own notice, and in which the bromide was used with marked result.

March 31st. Dr. A. Rothrock was sent for in haste, to see a woman in labor with her first child. The immediate cause of alarm was puerperal convulsions. For a week or more she had complained of headache and general *malaise*, but no fears were awakened. The patient was remarkably robust and had always enjoyed good health. On reaching the house about 6 P. M., the doctor discovered that she had already had three severe convulsions of an epileptiform character. The os was dilated, and through the bulging bag of waters the head of the child could be distinctly felt. He at once sent for the forceps, chloroform, and bromide of potassium. Meanwhile he gave ergot, and abstracted fifteen fluid ounces of blood from the arm. Double that quantity would have been better, but so great was the cerebral congestion, that even the loss of this much caused a rapid and rather alarming sinking of the pulse at the wrist. At half past seven P. M., the forceps, bromide, and a mixture of ether and chloroform (instead of chloroform pure as directed) came. The forceps were at once used and the child extracted, during another paroxysm. This, the fourth, was quieted by means of the anæsthetic. This done, she lay for two hours in a deep stupor, after which another came on. It was quieted in the same way.

From this time until three A. M., she passed through not less than twelve more fearfully severe paroxysms. By common consent the case was regarded as hopeless. Still we opened the vein again, and withdrew fifteen fluid ounces more of blood. Blisters were applied to the calves of the legs. Under the use of the anæsthetic. the fits grew more frequent, and the patient became weaker. In this extremity a twenty grain dose of the bromide was forced into her. This produced an amelioration. During the ensuing four hours enough more was given to make three drachms. The paroxysms ceased, and were followed by a deep stupor lasting thirty-six hours. This will doubtless be regarded as treatment verging toward recklessness, and as an illegitimate use of the drug. I am sure, however, in this powerful woman that less would have been a mere dallying with the disease.

*Nothing could have been more dangerous than the return of the spasm.* At the end of this time she awoke again, only to fall into another fit; thirty grains quieted this, and about twelve hours rest followed, after which she awoke, again in a spasm. This, too, was checked by the bromide in about a twenty grain dose. She slept for several hours more naturally than she had done before. Occasionally after this her wild looks and the movements of her arms would betoken an approaching fit, but the same means warded them off until these threatenings disappeared. Her convalescence was rapid. On the third day after her delivery a large dose of castor oil was given. By the time this had operated freely, the lochial discharges made their appearance. Cold cloths were kept on the head throughout. Opiates at any time in this case would have been dangerous, we think, even after the bleeding.

After considerable experience in the use of bromide of potassium, we are led to think that very much of the alleged uncertainty in its action is more justly due to its timid exhibition. The proportion of persons whose idiosyncrasies would prevent its heroic administration seems to be less than the proportion so affected by opium. Dr. Reynolds in urging the use of this article in epilepsy remarks "that it is not the mere administration of the drug, but its presence in a certain quantity that is necessary for the cure." The question may be asked, at what time is it to be given in puerperal convulsions—before or after delivery? At both times, or, whenever there is spasm. The danger of the case consists in the paroxysm, and this is dangerous because of the cerebral congestion, be the cause what it may. Hence the drug seems to be indicated because—First, it is a general sedative to the nervous system, and vascular systems.

Second. because its use does not in the least contraindicate any of the older and more widely esteemed remedies.

Third, because of the promptness of its action.

We do not urge the use of this drug to the exclusion of the remedies generally relied upon. It may be used in connection with any of them, and hence its great value.

The cause known or supposed should of course be removed when possible.

The solubility of the bromide suggests its use hypodermically when from special reason it can-

not be given by the mouth, or when, if given, it would not be retained by the stomach.

## ANEURISM OF THE SPLENIC ARTERY: RUPTURE AND DEATH.

By E. M. CORSON, M. D.,
Of Conshohocken, Pa.

On the first day of January, 1866, I was called to see Mrs. S., æt. 28; a lady in good circumstances; married, and the mother of two children. She was quite fleshy; and when I first saw her, she was suffering with intense pain in the epigastrium, extending through to the back.

The administration of half a grain of sulphate of morphia, and dry cups applied along the spine, soon relieved her. At about the same time next day she had a similar attack, and was relieved as before. What seemed unusual was the fact of the patient being able to be about in a few minutes after the paroxysms.

On account of the periodical nature of the attacks, and no assignable cause for them being apparent, it was thought that if she could be brought under the influence of quinine, the pains might be stopped.

The full effect of the drug was obtained, but to no purpose, as far as breaking up the paroxysms was concerned.

Thinking that the pain might be reflex, and caused by some uterine trouble, that organ was examined, and some slight inflammation of the os uteri discovered. This soon subsided under treatment. The pains, however, still continued to recur daily, and with increasing force, and if not relieved with morphia and cups to the spine, would last for hours. We next had recourse to alteratives, and gave in turn, FOWLER'S solution, the iodide and bromide of potassium, etc. This treatment continued for some months, and as the system had become accustomed to the morphia, and several grains were now required daily to relieve the pain, we gave hyoscyamus, aconite, belladonna, cannabis, and other remedies of that class, but could find none to afford any relief. All the remedies mentioned were faithfully tried at various times for a year. On account of the large quantity of morphia it was necessary to take by the mouth to relieve the pain, we substituted the hypodermic method, and with the happiest results. One half grain given in this method afforded instant relief, and agreed with the system so well that the lady could attend to her duties all the time.

Ice to the spine was tried, but without success.

In April, 1867, she became pregnant, and a hope was entertained that this change in the system might result in a cure, at least when she should be confined. About the eighth month of gestation, November 3d, she was seized with an unusually severe paroxysm of pain, and died in a few moments, completely exsanguinated. Thus in a few moments the case terminated, that had baffled all treatment for a period of twenty-two months. During all that time, there was not ten days the patient did not suffer excruciating pain.

The autopsy revealed the cause of death, and without doubt, the cause of the pain. The splenic artery had been converted into a large aneurism, which had ruptured and caused death. The spleen was rather larger than usual, and on making an incision into it, the contents ran out, of the consistency of molasses, and of a muddy color. All the other organs were healthy. One reason why the aneurism had not been discovered before death, was on account of the fleshiness of the patient and the situation. I am unable to assign any reason for the periodical nature of the pains, and would be glad if any of your readers can do so. The case is certainly a remarkable one.

## CHOREA OF THIRTEEN YEARS' STANDING CURED IN SIX WEEKS BY THE USE OF BROMIDE OF POTASSIUM.

By J. B. HOUGH, M. D.,
Of Ridgeville, Warren county, Ohio.

Jane K——, æt. 29 years; unmarried; is one of thirteen children. Her father, who was scrofulous, died at the age of 54 years. Her mother is now hale, hearty, and 76. Of the seven sons and six daughters, only two sons and four daughters are now living, the others having died of scrofulous and kindred diseases, three of them having been afflicted with chorea.

The subject of this report began to manifest the ordinary symptoms of chorea at the age of fourteen, and for thirteen years, as she and the family say, was never entirely clear of the disease. For nearly the whole of the time, except during a portion of her sleeping hours, involuntary muscular contractions, sometimes localized, and sometimes general, kept her in continual agitation, and frequently rendered her incompetent to voluntary actions. Menstruation began at fourteen years of age, and has been normal and regular since. Of late years her disposition became somewhat irritable and unhappy, produc-

ing an anxious, emaciated, and care-worn countenance. During her affliction, she was at various times, from a few weeks to a year or more at a time, under the treatment of four different, regular physicians of honorable standing, but, to use her own expression, she "became completely discouraged, and concluded that nothing would ever cure her, and that she would give up doctoring entirely." However, after the urgent solicitations of her mother and relatives, she reluctantly consented to try once more.

A careful examination of the case revealed to me no other pathological condition than that of *perverted nerve function.* What particular nerve or nerves to blame for the general disturbance, was a question, concerning which the present condition and previous history of the patient seemed to offer no conclusive evidence. What was to be done? There was no other obvious disease to eradicate or combat. There was no apparent want of nervous vigor. A few months previously, it is true, I had treated her successfully for temporary constipation, but without exerting any perceptible influence on her old disease. She was neither obviously sthenic, nor perceptibly asthenic. True to the instinct of the drowning man, the only straw within reach was grasped. *Her married sisters were somewhat remarkable for reproductive vigor.* Might not this fact be accepted as one point of circumstantial evidence of *sexual hyperæsthesia?* Knowing the great influence which *bromide of potassium* exerts upon the sexual function, it was decided that this was the agent indicated. She was accordingly placed upon bromide of potassium three times daily, beginning with five-grain doses, and increasing five grains every other day until the quantity of one drachm per day was given. *She immediately began to improve, and in six weeks was entirely well.* No other medicine was used. It is now two years since the treatment was suspended, and there are no indications of any return of the malady. She now wears a cheerful countenance, and is happy in the enjoyment of good health and disposition. Whether I was warranted in making up a diagnosis from the considerations mentioned, and whether the result was the effect of the treatment, instead of a remarkable coincidence, I leave for others to decide. My experience in the use of bromide of potassium as a general nervous sedative, and especially as an antaphrodisiac, has been exceedingly gratifying. I consider the single case reported one of interest, and take pleasure in submitting it to the profession, without further comment.

# Editorial Department.

## Periscope.

### Complicated Case of Polypus Vaginæ.

Dr. W. H. Williams, of Louisana, reports the following case in the Buffalo *Medical and Surgical Journal* for April.

"Margaret Attaway, (colored,) aged twenty-five years, the mother of three children, was admitted into the Infirmary November 5th, 1868, complaining of inability to retain her urine, and that her monthly sickness was on her nearly all the time, and that she had much pain and a feeling of heaviness in the region of the urino-genital organs. She stated that she had not been able to retain her urine at any time within the last three years, and that her youngest child was about three years old; at the birth of this child she was not attended by either physician or midwife.

At the time this woman was admitted she was very much emaciated; had a haggard and despondent appearance of countenance, walked about and seemed indifferent to all things around her, and would not eat unless forced to do so. We attempted to make a digital examination per vaginam, but found the parts so tender that it was impossible to make a thorough one, and we therefore resorted to chloroform, which enabled us to make a careful examination of the parts, which I will endeavor to describe, as follows:

A polypus, the size of a hen's egg, was found separating the vulva. Pushing this to one side and continuing the finger up the vagina, another and smaller mass than the first was easily felt, and of the same character; and above this again the walls of the vagina were found bound together by bands of organized lymph, which rendered it impossible for the finger to reach the neck of the womb. We had very little difficulty in satisfying ourselves as to the character and origin of the obstructing growths. By pushing the mass lying in the vulva backward and upward into the vagina, three fingers could without difficulty be passed through the urethra into the bladder; in fact the urethra was larger than the vagina itself.

The polypus masses spoken of above were found attached by a common pedicle to the mucous surface, anteriorly to and just at the neck of the bladder. On examination it was found that this pedicle forked, and was the root of both polypoids. The pedicle was easily divi-

ded by introducing two fingers into the urethra and putting the parts on the stretch laterally and cutting it off with a pair of scissors. This done the bleeding surface was touched with the perchloride of iron, which soon stopped all bleeding, and enabled us to make a thorough examination of the vagina. This was done by using Sim's speculum, which enabled us to divide the bands of attachment from side to side, until they were all removed, and the neck of the womb brought fully into view. The cervix was large, long, and of a glistening appearance, and there was no sign of an os. The bleeding that followed the dividing of the bands was controlled by the iron as above used. The vagina was filled with cotton saturated with the following combination:

| | |
|---|---|
| Ol. lini, | ℥iiss. |
| Carbolic acid, Sim's solution, | ℥ss. M. |

This tampon was not removed for three days, notwithstanding the pain and restlessness were such as to require the free use of anodynes while it was in situ. The cotton was removed from the vagina on the third day, and was not at all offensive. About the fifth day after the operation the urine had ceased to dribble away, and could be voided at will. Fifteen days later the general condition of the patient was much improved and the soreness about the vulva all gone.

We now determined to try to relieve the occlusion of the cervix; Sim's speculum was again used and the cervix brought plainly to view, which, with a curved volsella, was pulled down a little, and with a tenotome its centre pierced to the extent of little over two inches, when it was very evident that the knife had entered the cavity of the uterus. Bilateral incisions were made from this puncture, each way through the os internum and cervix, and a large sized sponge tent introduced and retained twenty-four hours, which upon removal was not at all offensive. We thought it best to wait two days before introducing another tent, which was accordingly done and allowed to remain twenty-four hours. In removing this tent there was no trouble in introducing the finger into the womb, and the cervix, external and internal, looked quite healthy. Nothing more was done, nor was it necessary to do anything more in this case. This patient was just two months in the Infirmary, and when discharged was perfectly well.

I will here remark that the way in which I made my sponge tent seems to prevent that bad smell that Dr. J. Marion Sims found so troublesome. My plan may be an old one to some, but but I will venture to give it at all events. The combination is this:

| | | |
|---|---|---|
| ℞. | Price's glycerine, | ℥iv. |
| | Carbolic acid, (cryst,) | ℥ss. |
| | Pulv. acaciæ, | ℥j. M. |

The sponge is to be saturated in this in the same manner as in the mucilage. No bad smell will follow the removal of a tent prepared in this way, even if it remains forty-eight hours, provided a pledget of cotton be dipped in glycerine and introduced into the vagina sufficiently high up to come in contact with the neck of the womb.

Operation performed in presence of, and assisted by Drs. Cutliff and Clay, and P. B. Tuzavant and Horace Williams, students.

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### The Suez Canal.

The total length of the Suez canal is 99½ miles. Its northern end is Port Said, which is an artificial port, made for the canal by projecting two jetties into the sea from a point on a long, narrow beach, which skirts the coast of the Mediterranean at the easterly side of the delta of the Nile. This beach, like the beaches on the shore of New Jersey, encloses an inlet or lake. The first 37 miles of the course of the canal lies in the Lake Menzaleh. The average depth of water was but four or five feet, while the depth of the finished canal is to be 26 feet. Lake Menzaleh is a stagnant, vile water, a little salter than the ordinary water of the sea, because of the rapid evaporation which occurs in this nearly rainless district. Across this lake the canal has been dredged until a clear water way of 15 or 16 feet appears to have been attained everywhere, and the full excavation is going on by means of dredging machines more rapidly than was anticipated, when the promise of completion in October next was made. After passing through Lake Menzaleh, the canal next passes higher ground between El Ferdam and Lake Timsah.

The excavation in some part of this section of 9½ miles, seems to have been about 134 feet, (some statements make it only 87 feet, total cutting). This section of the canal was opened last November, and the water admitted into the depressed basin of Lake Timsah. Lake Timsah, within the historic period, has been a fresh-water lake, but it has been long dried up, probably about 1400 years.

The course of the canal, with only the requirement of dredging out the bottom, follows the lake, and the navigable terminus for vessels under 16 feet draft is at the southerly end of the Lake Timsah, 54 miles from the Mediterranean.

Then there follows through a ridge 7½ miles of

cutting, which is now approaching completion, some portions being excavated to the full depth, while others are ready for the application of the dredging machine.* When these 7½ miles, which have been considered the greatest task, shall have been completed, water can be let into the Bitter Lakes. The course of the canal follows that of the valley or depression of the Bitter Lakes.

The present surface of the ground of this valley, where the course of canal is projected, is nearly all of it 26 feet below the level of the sea. It is probable that the depression of solid ground is even more, as excavations of 8, 10, 12, or in some places 30 feet, show the earth to be about three-quarters soluble salts.

Twenty-three miles of canal are thus formed ready for use. At the southerly end of the Bitter Lakes, the ridge of Chalouf, about 5 miles, with a sandstone bottom, presents itself. The open excavation of this cut has engrossed more of the labor of the workings from on the canal than any other section the past two years, and it is more nearly completed than any other part of the heavy work to the full depth. From this point, 11 miles to Suez, the ground is but little above the Red Sea, and on this last section the least work has been done.

There are really now only 16½ miles to be opened, or not ready for the water to flow into.—*Jour. Franklin Institute.*

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### Syphilis Treated without Mercury.

Dr. Charles Drysdale writes to the *British Medical Journal*, in reply to an inquiry from a physician, as follows:

Dr. Sisson asks me, what my present treatment of syphilis is. I shall cite one or two typical cases, which will be the best answer to my most respected interrogator.

*Case* 1.—Charlotte D., aged 16, was seen on August 2d, 1863, with roseola, alopecia, and mucous tubercles. She was treated with what I shall call mistura potassæ chloratis, (potassæ chloratis, five grains; acidi hydrochlorici diluti, five minims; aquæ menthæ piperitæ, one ounce), thrice daily, until October, when the roseola disappeared, and she looked well. She was pregnant at the time.

*Case* 2.—Thomas P., aged 20, afterward husband of Case 1, also treated at this same period for scaly syphilitic eruption, sore-throat, and mucous tubercles of scrotum, lost all symptoms of syphilis in two months, and never, up to 1868, has had any relapse. The infant, which was born to these parents shortly afterward, was at full time; but became syphilitic when seven weeks old, as far as I could learn—at least, it had snuffles, and died of convulsions. I did not see this child. On November 15th, 1865, Charlotte D. brought to me her second child, aged at that time five months. It had no symptoms of syphilis; and since then, both parents and this child have been frequently seen by me, all in good health, up to Nov. 1868.

*Case* 3.—Emma P., aged 24, February 10th, 1864. She had ulceration and mucous tubercles on the soft palate and roseola; the posterior cervical glands were enlarged. The chlorate of potash mixture was ordered three times a day; and a gargle with alum. In April of the same year, the symptoms were gone. She was seen in January, 1868, for toothache. There had been no relapse since that time. She had been sterile, but had not had abortions.

*Case* 4.—George W., aged 18, with iritis, roseola, and mucous tubercle on the scrotum. Atropia drop, (two grains to an ounce), was dropped into the eye twice daily. Chlorate of potash was ordered three times a day. Vision was perfectly restored; the eruption and mucous tubercles, (the latter were touched with nitric acid) disappeared; the patient having been under treatment from March 27th to May 16th, 1865. There had been no relapse in 1867.

*Case* 5.—Kitty C., aged 23, had an indurated sore on the umbilicus, hoarseness, alopecia, and roseola. She was treated from October 8th to November 10th, with chlorate of potash mixture, three times a day. She was pregnant. In June, 1867, she brought a child suffering from snuffles and a dry eruption on the buttocks. The child recovered, after taking two grains of chlorate of potash in water thrice a day, in about a month. The mother has had no symptoms since.

*Case* 6.—A lady, aged 27, in May, 1866, with her infant aged three weeks, consulted me for roseola, great alopecia, (the eyebrows fell off), mucous tubercles at the vulva, sore-throat, etc. There was a history of discharge and malaise about her vulva about a month before her confinement. She was ordered chlorate of potash mixture three times a day. Nourishing diet and much open air were recommended. She became emaciated, and would continue to suckle her healthy infant, notwithstanding my advice to the contrary. She was ordered to go to the seaside and bathe in the sea. In October she was almost well, after coming from Ramsgate, and the infant

* Since this was stated, the waters of the Mediterranean have been permitted to flow through this section into the Bitter Lakes.

had escaped infection. I warned her that her next child would most likely become syphilitic; but she became again pregnant, and, in 1867, brought a syphitic infant to me. This recovered under doses of chlorate of potash, and mother and child are at the present moment all well, and without syphilitic symptom.

*Case* 7 was more tedious, and required iodide of potassium. Edward T., a young medical student, contracted syphilis in 1865. Had sore-throat, mucous tubercles on the scrotum, the eruptions of a rupial kind leaving cicatrices on the arms. He took chlorate of potash mixture thrice daily for some time, and then went to Boulogne for sea-bathing. Syphilitic sarcocele ensued, and, as he took no medicine for a time, it continued until I prescribed fifteen grains of iodide of potassium thrice a day, when the sarcocele rapidly disappeared in about a fortnight, and he has not had any symptoms since that time.

Dr. Sisson will, from these cases, I have no doubt, be quite convinced of the non-necessity of mercurial interference in many cases of syphilis. My friend, Mr. R. W. Dunn, and myself had intended to relate some more such cases in a paper this year at Oxford: but one of us was abroad, and the paper was not read.

In reply to another question of Dr. Sisson's, as to my present views about iodide of potassium, I would remark that, in large doses, such as from ten to twenty grains thrice a day, it *now* appears to me to be one of the most powerful specifics we possess against any disease; I mean in tertiary forms, such as periostitis, etc.; whether these have been preceded or not by long courses of mercury. I formerly held that iodide of potassium was chiefly valuable when mercury had been given; and Professor Boeck seems still to be of this opinion. I now believe that in small doses, such as two grains thrice daily, it is often inefficacious, and that large doses are infinitely preferable. This change in my convictions has been brought about chiefly by the observations of M. Ricord and M. Alfred Fournier on the subject, and my own subsequent observation. Both of these gentlemen, and many others in Paris and London, *e. g.*, Sir H. Thompson, Mr. Curling, etc., are in favor of very large doses of iodide of potassium.

In conclusion, allow me to thank you beforehand for inserting this letter. I cannot help thinking that the period of prejudice in favor of mercury is fast passing away. The drug is no longer among a favorite in bronchitis, pneumonia, or consumption, or even in peritonitis and pericarditis. In iritis, I know well from long experience, it is not needed. Well, then, I contend, that *perhaps* even syphilis, that extremely common and grave disease, may do as well or better without it; and although many in London do not think so, a great many in Paris, Edinburgh, and the majority in Norway, are of like opinion. We hear from men of note that the day for medical debating is gone by, (Dr. Sanderson). I, on the contrary, believe that discussion, open and fearless, on medical and social questions of importance, was never more needed than at present.

### Oxygen.

Every method devised by which oxygen or oxygenized air may be cheaply supplied, possesses great scientific interest. Prof. Graham, of London, has succeeded in increasing the amount of oxygen in the air, by, as it were, filtering it through fine leaves of India rubber. By this treatment he has succeeded in adding thirty-six, forty, and forty-six per cent. of oxygen to the air. When air contains as high as forty-six per cent. of oxygen, it will re-ignite a glowing taper. This is a most important discovery, and, if practicable upon a large scale, must be of great service in the arts. Supply us with air containing forty-six per cent. oxygen, at trifling cost, and we have in our hands one of the most important agents of good it is possible to conceive of. With it we can add to our gas-lights a high degree of illuminating power, and, by promoting more perfect combustion, save immensely in fuel in heating our buildings.—*Boston Jour. of Chemistry.*

### Absinthe.

To prove the peculiarly dangerous qualities of absinthe as an alcoholic liquor, various experiments have been recently made. M. Magnan had already found that the fumes of absinthe throw guinea-pigs into convulsions, while alcohol only intoxicates them. Dr. Debourge, in a lecture delivered lately at Brussels, took two vessels containing a pint of water in which swam small fish. Pouring into one of these vessels six drops of the essence of absinthe, and into the other six drops of pure prussic acid, he showed that the fish were more rapidly struck down by the essence than even by the prussic acid. Absinthe is extensively adulterated by copper. To detect it, add to the absinthe, diffused through water as drinkers use it, a little salad-oil; shake up the mixture, and then let it rest. The oil rises on the surface, no longer of its original color, but of a bright green, which it owes to the presence of copper.

Medical and Surgical Reporter.

PHILADELPHIA, MAY 8, 1869.

S. W. BUTLER, M.D., & D. G. BRINTON, M.D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

## ON HAIR RESTORERS.

The editors of the *Chemist and Druggist*, of London, have employed Mr. Henry Matthews, F. C. S., to make some analysis of the most widely advertised hair restorers. The disclosures are singularly out of accord with the magniloquent puffs we read of these nostrums. We add a few of them.

### 1. Rosetter's Hair Restorer.

The label of this article asserts that 'this preparation will restore grey hair to its original color,' that 'it is not a dye,' that it 'acts directly upon the roots of the hair,' and that consequently 'its effects are gradual.' In the directions for use we are told that it 'must be used daily until the hair assume its natural color,' which will be 'in periods varying from one to three weeks.'

The sample examined consisted of a colorless fluid, and a greyish yellow deposit. The deposit consisted almost entirely of sulphur, with a minute quantity of carbonate of lead. The solution contained acetate of lead and glycerine.

In a bottle containing 10 fluid ounces, 44.8 grains of sulphur, and lead corresponding to 21.87 grains of acetate of lead, were found.

### 2. Mrs. S. A. Allen's World's Hair Restorer.

The label and wrapper of this preparation state that 'it never fails to restore grey hair to its natural color and beauty,' that 'it is not a dye,' and that it 'will not soil the skin, or most delicate head-dress.' We are further assured that this 'Restorer,' is the best, because it contains no nitrate silver (*sic*) nor any other injurious ingredient."

The bottle examined contained 8½ fluid ounces of mixture, composed, like the last, of a colorless fluid, and a yellowish grey powder, this latter consisting of sulphur, with a trace of carbonate of lead, the solution containing acetate of lead and glycerine.

The results of an analysis of the contents of the 8½ ounce bottle indicated 75·6 grains of sulphur, and an amount of lead corresponding to 87 grains of acetate of lead.

### 3. F. E. Simeon's American Hair Restorer.

This on its label and wrapper is 'warranted infallible to restore original color to grey hair,' also 'not to contain any nitrate of silver or any of the injurious substances which enter into the composition of ordinary hair dyes.'

Like the preparations previously noticed, this consisted of a colorless fluid, and a yellowish grey deposit, and also contained the same ingredients, viz., sulphur, acetate of lead, and glycerine, the deposit in this case being pure sulphur.

A bottle containing 8 fluid ounces furnished 31·8 grains of sulphur, and lead corresponding to 45·1 grains of acetate of lead.

### 4. Hall's Vegetable Sicilian Hair Renewer.

The label of this 'Renewer' states that 'the proprietors are entirely confident that it will bring back the hair to its original color,' and that 'it cures all diseases or humours of the scalp.

This preparation was found to be similar to the others, the deposit containing sulphur, sulphate of calcium, and a trace of sulphate of lead; the solution containing acetate of lead, glycerine, and a trace of acetate of calcium. In distinguishing this preparation by the epithet 'vegetable,' the maker has allowed his inventive faculty to overstep the bounds of truth, and has given moralists another instance of the common commercial practice of calling things by their wrong names.

A bottle containing 6 fluid ounces furnished 70.2 grains of sulphur, mixed with sulphate of calcium (milk of sulphur having evidently been used in this case), also lead corresponding to 50.8 grains of lead.

### 5. Hemsley's Celebrated American Hair Restorer.

By the label we are assured that 'this is not a dye, but is prepared for the purpose of restoring grey hair to its original color.'

The preparation consists of a deposit and a colorless fluid. A bottle containing 6.5 fluid ounces gave 37.8 grains of a deposit, consisting of sulphate of lead, sulphate of lime and a small proportion of sulphur, while the residual solution gave lead corresponding to 0.3 grains of acetate of lead. The sulphur used in this case was evidently impure milk of sulphur, containing much

sulphate of calcium, double decomposition having taken place between this last and the acetate of lead used in preparing the compound.

In fact, we find that sulphur, acetate of lead and glycerine, are the ingredients in every one of these much lauded preparations. Now it is notorious that the acetate of lead is accumulative poison which in many instances has caused incurable paralysis.

# Notes and Comments.

## THERAPEUTICAL BULLETIN.*

Compiled by GEO. H. NAPHEYS, M. D.

No. 12.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc., etc.

The selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form.

*Treatment of Diarrhœa.*

WILLIAM AITKEN, M. D., Edinburgh.

92. ℞. Salicin, gr. v.
For one powder.

To be taken every four or six hours. In cases of diarrhœa with clean tongue, which will not yield to opiates, astringents, or stimulants, either singly or combined, and which probably depend on a want of tone in the intestine. In these cases the above recipe has often stopped a diarrhœa that appeared fast hurrying the patient to his grave.

One general rule may be acted on in the cure of diarrhœa, which is, that in the adult, whatever be the form of the diarrhœa, if the stools be dark at first, and then become light-colored, purgative medicines are no longer beneficial, and in no instance ought they to be continued longer than is sufficient to remove any irritative substance accumulated in the alimentary canal.

J. M. DA COSTA, M. D.

93. ℞. Bismuthi subnitratis, ℈i.
Acidi tannici,
Pulveris ipecacuanhæ compositi, āā gr. iij.

For one powder. To be taken three times a day in chronic dysenteric diarrhœa. It is particularly in cases in which there exists persistent irritability of the bowels, influenced by the taking of much food which cannot be digested, and in which there are gastric symptoms in connection with the dysenteric affection, that the subnitrate of bismuth will be found very serviceable. In order that it shall produce an effect, it is necessary that it be administered in sufficiently large doses, not less than twenty grains. The dose may gradually be increased to a drachm.

JOHN FORSYTH MEIGS, M. D.

94. ℞. Pulveris opii, gr. vj.
Extracti nucis vomicæ, gr. iij.
Cupri sulphatis, gr. j. M.
Ft. mass in pilulas xij., dividenda.

One three times a day in chronic diarrhœa. The value of this pill has been proved by army surgical experience.

CHARLES MURCHISON, M. D., F. R. C. S., etc.

95. ℞. Acidi tannici, gr. x.
Tincturæ opii, ♏. v.
Glycerinæ, f.℥ss.
Aquæ menthæ pip., ad f.℥ss.

For one dose, in a tablespoonful of water every four hours. After the diarrhœa is checked order

96. ℞. Acidi nitro-muriatici, ♏. x.
Tincturæ opii, ♏ v.
Syrupi, f.℥ss.
Aquæ, ad f.℥ss.

For one dose, in water, four times a day.

THOMAS HAWKES TANNER, M. D., F. L. S, etc.

97. ℞. Cupri sulphatis,
Extracti opii, āā gr. ¼
Extracti gentianæ, gr. iij.

For one pill, to be taken three times a day in obstinate diarrhœa.

98. ℞. Argenti nitratis, gr. ½.
Extracti opii, gr. ij.

Make a pill to be taken night and morning. In very obstinate diarrhœa where opium agrees with the system.

"Songs of Gladness for the Sabbath School Prayer Meeting and Choir," is the title of a very fine collection of songs with accompanying tunes, many of them original, by J. E. GOULD, 923 Chestnut street, in this city. *Price*, 30 to 50 cents, according to binding.

* Entered according to Act of Congress, in the year 1869, by GEO. H. NAPHEYS, M. D., in the Clerk's office of the District Court for the Eastern District of Pennsylvania.

N. B. This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

### Improvement.

Our readers will notice a marked improvement in the appearance of the Reporter consequent on a change of paper. We are using a heavier paper and of better quality than has been used by us for several years past. We shall endeavor to improve the literary as well as the material attractions of the Reporter, and look to our readers for coöperation. Let communications generally literary and business, be "short, sharp and decisive!"

### "A Valuable Consideration!"

Such is a premium which we offer this week for new subscribers, viz., The *Boston Journal of Chemistry*. This journal is now in its second year, and has established itself as a thoroughly practical and useful journal, filling a void in our medical literature. Our readers will find it quite an acquisition to their tables.

To *new* subscribers we offer the *Journal of Chemistry*, as a *premium*, as follows:—

| | |
|---|---|
| Reporter, and *Journal of Chemistry*, one year, | $5.00 |
| Compendium, " " " " | 3.00 |
| Reporter, Compendium " " " | 7.25 |

To *any* of our subscribers we will furnish the *Journal of Chemistry* for 25 cents a year. See Prospectus in another column.

### Jefferson Medical College.

*On dit* that Professor Pancoast who has for so many years been the distinguished Professor of Anatomy in the Jefferson Medical College in this city, is about resigning, if he has not already done so.

Who will be his successor? Several names are canvassed—but one name, that of D. Hayes Agnew, M. D.—carries with it a weight which will insure success, if indeed, the Trustees of the University of Pennsylvania are so short-sighted as to submit to the loss of a man who is to them a tower of strength.

### Sciatica Treated by Acupuncture.

T. J. Stevens, M. D., of Charlestown, Mass., (*Boston Med. and Surg. Journal*) records an interesting case of sciatica in which acupuncture was successfully tried. A male applied to him laboring under unilateral sciatica, which had proved rebellious to ordinary remedies. Twelve fine steel needles were inserted in the direction of the nerve along the ischio-trochanter fossa as follows: After stretching the skin tense with the left hand, the needle was seized by its head and passed about half an inch through the skin, in a boring or rotatory manner. All the needles were successively applied and left in place half an hour, when they were extracted in the same rotatory manner. Then the patient was requested to get up and walk, and to his astonishment, he rose and walked with ease, and without pain. The cure was radical.—*Med. Record.*

### Gratuitous Medical Advice in China.

The gratuitous distribution of medicine is quite common in China. In the summer, especially, certain remedies much prized by the people may be obtained, free of charge, from Societies which include this among other objects for which they are instituted. There is a very common mode of practising the healing art, professedly from benevolent motives, in which a selfish motive is too apparent. Notices may continually be seen placarded in public places, calling the attention of the public to some distinguished personage of the Æsculapian school, who has learned his art at the capital, or from some foreigner, or from some distinguished native practitioner, or by communication with the genii, who is desirous of relieving those who are in a condition of suffering and distress, and will give them an opportunity to avail themselves of his knowledge and skill without charge, except for the cost of medicine.

☞ The following "item" will account for some of the "missing numbers" that we occasionally hear of.

"Mr. Holloway, the new Postmaster of Indianapolis, discovered in the basement of the office building, locked up in a room, *fifty-five bags* filled with undistributed mail matter, accumulated during the past winter."

### Unrewarded Merit.

A correspondent of the *Quebec Gazette* writes to his paper from New York: "There is living in East Twenty-ninth street a certain Dr. John Griscom, who has written more on prisons and hygiene than perhaps any other person in the world. In the States he is recognized as one of the first authorities upon scientific subjects. For years he has been President or Vice-President of different scientific societies. In fact he is a man devoted heart and soul to the cause of science. I have at this moment before me one of his works—"An essay on Prison Hygiene"—prepared by request of the executive committee, which does honor to the head and heart of the author. It displays not only his scholarly attainments and thoughtfulness, but establishes his philanthropy as well. Yet this eminent man was deprived of his position on some of the

Boards (I forget which) simply by reason of political intrigues against him. Analogous cases in Canada are rare, and let us hope they may ever remain so. Dr. Griscom's loss was comparatively very little, but that of the public very great.

# Correspondence.

## FOREIGN.

Paris, March 15, 1869.

Editors of the Medical and Surg. Reporter:

Before entering on our subject, we think advisable to make a few preliminary observations with respect to the programme which we intend to follow.

As the medical profession is the only recognized authority on general scientific subjects among the non-professional public, and as it is to physicians the people look for accurate information with regard to scientific facts announced in the non-scientific press, we shall notice all the events in connection with general science which we think worthy of record. We shall abstain as much as possible from criticism, and try to submit facts to the judgment of our readers in such a manner as to enable them to draw their own conclusions. This much said, we commence our review.

An important paper has just been read before the Imperial Academy of Medicine, by Dr. Dupré, Professor of Clinical Surgery of the College of Montpelier. Dr. Dupré divides pleuritic effusions into three principal orders:

1st. Essentially inflammatory effusions, namely, those which accompany true pleurisies, or which succeed them.

2d. Serous accumulations, actual dropsies, which occur in the pleura in connection with organic lesions or general deteriorations.

3d. Rheumatismal or sero-plastic effusions. These last are the principal subjects of the paper.

Inflammatory effusions, according to Dr. Dupré, should not be combatted by thoracic puncture. In the majority of cases, it might almost be said to always yield to other treatment. Serous accumulations in the pleura can be removed by no other means than puncture. Everything tends to prove this; as well the nature of the extravasated serum and its incessant tendency to accumulate, as the great danger of the lesions which have given rise to the extravasation.

Rheumatismal or sero-plastic effusions require puncture of the pleura and the evacuation of the extravasated fluid, for these operations are calculated to obviate serious accidents, and add nothing to the danger of the situation.

Under the name of rheumatismal and sero-plastic effusions, Dr. Dupré includes the effusions which have been so well described by M. Pidaux under the name of latent pleurisy, and which have been so frequently observed by Michel, Levy, Tholosane, Saucerotte, and Toussagrieves.

The most important accompaniments of these effusions are the following: The beginning is generally accompanied by a slight trembling and a painful feeling of constraint in a part of the thorax. Sometimes immediately afterward, pains in the joints or sciatic neuralgia ensue. In other cases the pain in the thorax is very acute and seriously impedes respiration, but it is superficial and not confined to any particular region, and possesses all the symptoms of pleurodynia, and of rheumatism of the pectoral muscles. It often happens that in the course of this painful state, and very frequently when its intensity is decreasing, an eruption of fluid, which may or may not become considerable, takes place in one of the pleural cavities. This effusion is unaccompanied by cough, oppression, or pain. There is no fever, the appetite is unimpaired, and sleep uninterrupted. However, a livid paleness, an abnormal motion of the muscles of the face and neck, sudden interruption of the breathing in the middle of deep inspirations, and irregular pulse, indicate the existence of the affection. In such cases medical treatment is uncertain in its results, tardy in its effects, and often allows the formation of dangerous lesions. Sudden death not unfrequently occurs. Dr. Dupré advocates puncture in these cases as a certain means of preventing lesion, without adding in any way to the gravity of the disease.

Dr. Dupré resumes his conclusions as follows:

1. There exist idiopathic pleuritic effusions, of which apyrexia, latency, and profusion are the ordinary characteristics.

2d. They are distinguished from inflammatory effusions, and from hydropic accumulations by the chimerical characteristics which make them approach rheumatisms.

3d. The presence of elastic serosity in the pleura and its prolonged stay there, constitute a real and considerable danger. It should be removed as promptly as possible, either indirectly by the aid of medicine, or directly by surgical means.

4th. Thoracic puncture, practised according

to the rules prescribed, is absolutely harmless, and its immediate action and direct effects expose the patient to no danger.

5th. It should be practised immediately in case of effusions of more than a fortnight's standing, especially those which are situated on the left side, and occupy all the pleural cavity.

6th. In cases where flowings form under the care of a physician, recourse should not be had to this operation before the tenth day, and when they occupy at least two-thirds of the pleural cavity.

These principles put into practice by Dr. Dupré, have produced the following results:

| | |
|---|---|
| Patients operated on in the 2d week, 47. | |
| Cured | 46 |
| Deaths | 1 |
| | 47 |

Where it was impossible to perform the operation at an early stage of the disease, the results were not so favorable.

| | |
|---|---|
| Patients operated on in the first month, 19. | |
| Cured | 15 |
| Deaths | 4 |
| | 19 |
| Patients operated on in the second month, 8. | |
| Cured | 5 |
| Deaths | 3 |
| | 8 |
| Patients operated on in the fifth month, 1. Cured | 1 |
| " " " seventeenth " 1. " | 1 |

This table proves that sero-plastic effusions of very old standing can be cured, and that prompt thoracic puncture is an excellent habitual mode of treatment. The aid of medicine should not, however, be despised. On the contrary, we must rely on it to prepare and assure the success of the operation.

The frequent accidents resulting from the inhalation of chloroform have prompted, from their very origin, the study of several experimental chemists. Jobert de Lamballe, Robert, Abeill, and Liégevis, have written on the happy results of inductive elasticity, applied as a means of restoring persons asphyxiated by chloroform. With the same objects, MM. Legros and Onimas have experimented on the employment of continuous currents of electricity.

The work of these two last authors has been submitted to the Imperial Society of Surgery. We think that a *resumé* of the experiments made before a committee of this Society, and of the conclusions to which the gentlemen chosen by it to report on the subject have appended the authority of their reputations, will be read with interest.

Three white rats were successfully placed under a bell-glass 30 centimètres in height, and fifteen in breadth, with a sponge on which a quantity of chloroform had been puored. The first rat was removed after respiration had *entirely* ceased, when every trace of sensibility and voluntary movement had disappeared, but before the pulsations of the heart had discontinued. The poles of a voltaic pile were then introduced; one, the negative, into the rectum, the other, the positive, into the mouth. The current was maintained during some seconds, after which the wires were withdrawn. In a little while irregular respiratory movements could be perceived, which gradually became more frequent, the pulsations of the heart increased in strength, and finally, sensibility and general movement returned. The animal was completely restored to life.

The second rat was taken from under the bell-glass almost in the same conditions; the movements of the heart being, however, less perceptible. The current failed to restore the animal to life.

The third rat, when taken from under the glass had ceased to breathe; sensibility and general movement were extinguished; the pulsation of the heart was little perceptible. The application of the current succeeded in reviving it.

It is important to observe that all these experiments are applicable to cases of *asphyxia* by chloroform, and not to syncope.

As a means of combating chloroformic asphyxia, galvanization, as proposed by Messrs. Legros and Onimas, appears to the committee to be decidedly efficacious.

The animals on which the preceding experiments were made, may be considered as devoted to certain death if left to themselves.

The observations made by Mr. Maurice Perrin on dogs, cats, and rabbits, proves that animals asphyxiated by chloroform in these conditions, succumb if abandoned to the efforts of nature.

The preceding experiments are, we believe, of very serious importance, and calculated to render valuable service in surgical practice. One very important item should be remarked, that the continued current recommended by Messrs. Legros and Onimas only restores the action of the heart, when it is made to pass through the cerebro-spinal axis.

### Inductive Currents.

The committee next proceeded to experimentalize on inductive currents, and obtained as satisfactory results as with the voltaic pile. This

fact induced the committee to give the preference to the last, because an inductive apparatus can be easily procured, and is portable; secondly, because induced currents applied to the human heart, diaphragm, and phrenic nerves, have received the sanction of experience, while continuous currents applied to the same organs in similar cases, have not succeeded in producing the same results. Indeed, Friedberg, of Berlin, Widd and Gargrave, have successfully employed faradisation of the phrenic nerves. Maurice, of the Royal Berg Hospital, has saved a man by passing a current through the elongated ganglion, in communication with the epigastrium. Luimssen and Duchesure de Boulogne restored to life a man who had asphyxiated himself with the vapor of charcoal, by means of faradisation of the epigastrium. Whatever may be thought of previous experiments, and of the probable advantages of inductive electricity, Massrs. Legros and Onimas must be allowed the credit of having put at the disposal of practitioners a new and very efficacious means of combating one of the gravest accidents of a preliminary to surgical operations, for which they cannot be too completely prepared.

Since chemical matches have come in general use, poisoning by arsenic, which formerly occurred so frequently, very seldom comes under our notice. But the fatal facility of procuring phosphorus has unfortunately enabled guilty persons to replace it with advantage to their purpose. Criminal statistics prove that this substance is that most frequently employed in poisoning. Up to the present time, medical science possessed no antidote to this poison, and its victims were looked on as fatally devoted to death.

Mr. Personne, a distinguished chemist, who has been long investigating this subject, has at length discovered an antidote to the disorganizing agent. Knowing already that essence of turpentine, and other carburets of hydrogen, deprive phosphorus of its property of luminosity in the darkness, and of burning at a low temperature; knowing that in the match manufactories at Stafford, in England, the workmen are guaranteed from the necrosis resulting from the vapor of phosphorus, by carrying a small phial of essence of turpentine attached to their breasts, Mr. Personne undertook a series of experiments, which we detail for the benefit of your readers. The experiments were fifteen in number, and were made in parallel series of three on dogs of middling size, and chosen, as much as possible, of the same strength. No. 1 of each series was given phosphorus alone; and No. 2 was given the essence two hours after the poison; No. 3 was given the antidote immediately after injection of the phosphorus.

The essence and phosphorus were in each case conveyed to the stomach of the animals by means of a œsophageal catheter, the phosphorus always in a state of dissolution in a fatty substance. In one case it was administered in the shape of the paste used for making matches. The dose varied from one decigrammes to three decigrammes.

No. 1 of each series, to which phosphorus alone had been administered, making, in the five series, five animals, died.

No. 2, those animals to whom the antidote had been administered two hours after the injection of the poison, at first exhibited the same symptoms of the animals which had been given the poison alone, but finally, after copious discharges from the stomach, recovered, with one exception.

Finally, No. 3, to which the antidote had been administered immediately after the poison, were only slightly indisposed, with the exception of one which succumbed.

The animals belonging to series two and three, which died, had absorbed 30 centigrammes of phosphorus, an enormous dose. In addition, they had been placed in a temperature so cold as to freeze the water put at their disposal.

Finally, notwithstanding the large quantity of phosphorus injected, the antidote was administered in the same amount as in the other cases.

Phosphorus pills deprive the blood of the necessary oxygen, thus preventing its hæmatosis.

Essence of turpentine appears to possess the property, when absorbed, of preventing the phosphorus from burning in the blood, as it prevents its combustion at a low temperature. The results of these experiments we regard as highly satisfactory, inasmuch as they give us a means of paralysing the action of this poison, and finally, eliminating it from the blood.

## DOMESTIC.

### The Black Knot in Fruit Trees.

Editors Med. and Surg. Reporter:

The Report of Dr. Mulvany, on the curative effects of coal-oil, is highly interesting; but the huge blunder into which he has been betrayed, in relation to the "Black Knots on Fruit Trees," ought to suggest a caution. Such a statement should not pass, uncorrected, on this side of the water.

The *Black Knot* is not produced by insect-

puncture, nor is it made the special nidus of any species of insect. It is a parasitic cryptogamous plant, belonging to the class Fungi—order Pyre nomyectes—Genus Sphœria; and was accurately described by Schweinitz half a century ago, as *sphœria morbosa*. Various lavæ of insects are sometimes found in the old decaying knots, which led to the popular error, and has made it difficult fully to disabuse the public mind in regard to them.

The *knots* have, within the present century, attacked successfully, and destroyed the *morello cherry*, and the *damson plum;* and are now ope rating, destructively, on the common, or *pie cherry*. Other varieties of the cherry and plum have suffered much less.

The Doctor has mistaken the fact. He should have said, *the destruction of the black knot is the surest means of preserving the tree;* instead of—the destruction of the eggs, or young flies, in the black knot, the surest means of preserving the fruit. The *eggs, or young flies*, in the knots, have no special relation to the *fruit*.

As regards treatment, it would be much better surgery to *amputate* the young branches, so soon as they manifest the disease, and carefully *burn them*, than to incise the knot, and swab it with coal oil. Later in the season the fungus throws off innumerable *spores*, which being dispersed, lodge on, vegetate, and become parasitic on other branches, till they ultimately kill the tree.

This necessary correction is respectfully submitted. E. Michener, M. D.

*New Garden, Chester Co., Pa.,*
*30th of 4th mo.*, 1869.

### Poisoning by Chromic Acid.

Editors Med. and Surg. Reporter:

On the 6th inst., Patrick C., aged 36, of intemperate habits, in a fit of desperation, swallowed a solution containing about fifteen grains of chromic acid. Within three minutes his countenance assumed a leaden hue, his features contracted, and eyes sunken, and he vomited very profusely; first, the contents of the stomach; then a large quantity of bile; and, lastly, considerable blood. He had about the same time two or three very copious alvine dejections.

I saw him about two hours after the occurrence. His stomach was still irritable, and he complained of a great burning pain. His countenance had partially resumed its color, but the eyes were still sunken. He had several times drank water, but thrown it up instantly. I at once ordered a very free use of sweet milk, of which he drank, during the succeeding twelve hours, over half a gallon, without any further emesis. A good deal of tenderness of the stomach still remaining, he was put upon the use of powders of bismuth, morphine, and pulverized gum acaciæ. He made a rapid and complete recovery. H. Wardner, M. D.

*Cairo, Ill.*

## News and Miscellany.

### Medical Law of Minnesota.

The bill is so much to the point, and so commendable in its provisions as regards protection of the rights of legitimate medicine, that we give it entire, taking the occasion to commend it to the special attention of all parties concerned:

"Sec. 1. That it shall be unlawful for any person, within the limits of said State, who has not attended at least two full courses of instruction, and graduated at some school of medicine within the United States, or of some foreign country, or who cannot produce a certificate of qualification from some State, district, or county medical Society, and is not a person of a good moral character, to practise medicine in any of ts departments, or perform any surgical operations for reward or compensation, or attempt to practice medicine, or prescribe medicines, or perform any surgical operation for reward or compensation, within the said State of Minnesota.

"Sec. 2. Any person living in the State of Minnesota, or any person coming into said State, who shall practise medicine, or attempt to practise medicine, in any of its departments, or perform, or attempt to perform, any surgical operation upon any person within the limits of said State, in violation of sec. 1 of this act, shall, upon conviction thereof, be fined not less than fifty dollars, nor more than one hundred dollars for such offence, and upon conviction for a second violation of this act, shall, in addition to the above fine, be imprisoned in the county jail of the county in which such offence shall have been committed, for the term of thirty days; and in no case wherein this act shall have been violated, shall any person so violating, receive a compensation for services rendered: *Provided*, nothing herein contained shall, in any way, be construed to apply to any person practising dentistry exclusively.

"Sec. 3. No person who fails or neglects, on or before the first day of October, 1869, to file in the office of the Clerk of the District Court of the county in which he resides or keeps his office, a sworn copy of the certificate or diploma of some school or college of medicine, that he has attended at least two full courses and graduated at such school, or a sworn copy of a certificate of qualification of some State, district, or county medical Society, shall be permitted in any court of this State to sue for or recover any compensation for his services, advice, or attendance as a physician or surgeon; and the failure to file a sworn copy of such diploma or certificate, as

above provided, shall be *primâ facie* evidence that he has not attended or graduated at any school of medicine, or received a certificate of qualification from any State, district, or county medical Society.

"SEC. 4. Any person studying medicine with a preceptor, qualified as in this act above provided, shall have three years from the commencement of his term of study to comply with the provisions of this act.

"SEC. 5. This act shall take effect and be in force from and after the first day of October, 1869."

We are indebted to Dr. SAMUEL WILEY, of St. Paul, Minn., for the above copy of the bill. It was passed March 4, 1869.—*Medical Record.*

### Ventilation.

The Massachusetts Medical Society offers a prize of fifty dollars for the best dissertation, worthy of a prize, which shall describe, in plain language, briefly, "An effective and ready method of ventilating sick-rooms—one that can be put in operation at once, at the moment needed, with least difficulty and expense, in houses of ordinary construction." The Committee of Award consists of five well-known physicians, namely, Morrill Wyman, George H. Lyman, Henry G. Clark, Edward H. Clarke, and William Read.

### Medical Society of New Jersey.

The One Hundred and Third Annual Meeting of the Medical Society of New Jersey will be held in the Common Council Chamber, City Hall Buildings, at Jersey City, on the fourth Tuesday of May, (the 25th), at half-past seven o'clock, P.M.

WM. PIERSON, Jr.,
Recording Secretary.

*Orange, May 1st*, 1869.

—— Baron ROTHSCHILD left 200,000 florins to the Jews of Vienna, to erect a hospital for Israelites. The chosen nation has, however, in the opinion of the editor of the *Wiener Med. Wochenschrift* not manifested their usual practical good sense in choosing a locality, as the lot decided upon is in the immediate vicinity of the city gas works, and what is worse,—for the odor of the gas works, though disagreeable, is not unhealthy—with an insufficient amount of ground and a want of water.

—— From the 22d to the 27th of April, an international meeting of delegates from the different societies to provide for the sick and wounded in war met at Berlin. It was a continuation of the convention of Geneva, and the proceedings were intended still further to enlarge the usefulness of these sanitary societies.

## Army and Navy News.

The following naval officers and civilians will constitute the Board of Visitors to the Naval Academy, to report on the 20 of May: Rear-Admiral Paulding, the President; Commodore J. R. Goldsborough, Captain; E. G. Parrott, Surgeon; William Maxwell Wood, the Hon. J. R. Hawley, the Hon. H. H. Wadsworth, Dr. E. D. Kittoe, George H. Stuart, Esq., and Judge Humphrey.

Surgeon George H. Maulsby has been appointed President, and Surgeon Edward Shippen and James S. Knight, members of the Board to examine the physical condition of the graduating class of midshipmen on the the 20th of May.

Fleet Surgeon J. M. Foltz has been detached from the European squadron, and is ordered home.

Surgeon Charles Eversfield has been detached from rendezvous duty at the Philadelphia Navy Yard on the 15th of May, and is ordered to the Franklin, as fleet surgeon of the European squadron.

Surgeon John C. Spear is ordered to the Naval Rendezvous at the Philadelphia Navy Yard, on the 15th of May next.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

### MARRIED.

BUCHANAN—BROGNARD.—On the 24th ult., by the Rev. Samuel E. Appleton, Church of the Mediator, James A. Buchanan, M.D., and Carrie R. Brognard, both of this city.

DICE—GORDON.—April 14th, by Rev. D. C. Reed, J. P. Dice. M. D., of Coloma, Carroll co., Mo., and Miss Maggie J. Gordon, of Mercer co., Pa.

DOVE—EGBERT.—In this city, April 29th, by Rev. Dr. Furness, First Lieutenant Wm. Edgar Dove, Twelfth Infanty, U. S. Army, and Julia, daughter of Surgeon Daniel Egbert, U. S. Navy.

HARWOOD—CAMP.—In New York city, April 21, 1869, at the residence of the groom's brother, by Rev. Henry Ward Beecher, John G. Harwood and Miss Rachel M. Camp, both of Bennington, Vt.

THAW—MITCHELL.—On the 29th of April, in Christ Church, Milford, Del., by Rev. J. Leighton McKim, Wm. H. Thaw, of Philadelphia, and C. Lizzie, daughter of the late Dr. James R. Mitchell, of the former place.

### DIED.

HENDRY.—In Camden, N. J., on the 25th ult., Charles D. Hendry, M. D., in the 60th year of his age.

HOWELL.—In this city, suddenly, on the 24th inst., Geo. W. Howell, M. D., aged 55 years.

KOLLOCK.—On the 24th of February, 1869, Mrs. Margaret G. Kollock, wife of M. H. Kollock, M. D., on board the United States Steamship Newbern, near the Straits of Magellan, whilst accompanying her husband to Alaska, to fill an appointment as army surgeon.

POST.—At his residence in New York, April 26, 1869, of typhus fever, Minturn Post, M. D., in the 61st year of his age.

Somers.—In this city, on the 30th ult., Lewis Summerl Somers, M. D., in the 59th year of his age.

Dr. Somers was one of our most reputable practitioners, an ornament to his profession, whose death is a lose, not only to the medical fraternity, but to society in general.

## OBITUARY.

### Minturn Post, M. D.

The New York *Tribune* says: Dr. Minturn Post, one of the most distinguished practitioners of this city, died at his residence on Monday, April 26, after a short illness. Dr. Post was graduated from Columbia College in the class of 1828, with Hamilton Fish, Winthrop, Jay, and other men who have attained to distinction. He studied his profession under the supervision of Dr. Valentine Mott and, after attending the regular course of medical lectures in Philadelphia and New York, Dr. Post went to Paris, where he further continued his studies under Baron Louis, Brousais and other distinguished scientific men He translated from the French a work on Auscultation and Percussion, which met with considerable favor among professional men. Twenty-six years ago, Dr. Post was elected Medical Examiner to the Mutual Insurance Company, and continued to discharge the duties of his position until within a few days of his death. As a mark of respect to Dr. Post's memory, the office of the Mutual Life Insurance Company will remain closed until after the funeral, except for the reception of premiums falling due.

## QUERIES AND REPLIES.

*Dr. S. H., of Washington Ter.*—Your Compendium (No 3) has been sent to your former address. Send for it. Remittance was received.

*Dr. J. S. A., of California.*—Compendium No. 3 has been sent.

*Dr. W. E. H., of Pa., and others.*—Having paid a year's subscription in advance to the Reporter, $2 additional will entitle you to the Compendium for 1869.

*Dr. S C. P., of Ills.*—"Can you inform me when Dr. Meigs will have his new work on Diseases of Children ready for sale?"

We cannot positively say, but understand that it may be expected by fall.

### Effects of Strychnia.

*Dr. W. T. C., of Ky*—"I notice in the United States Dispensatory, in speaking of the action of strychnia, where the author says it does not prove poisonous to animals having no lungs. Please inform me, through your journal, what animal it is that has no lungs?"

We presume that animals such as fish, whose blood is aerated in the gills, radiates, molluscs, etc., are the classes of animals referred to.

### Vaginitis.

*Dr. R., of Ind.*—1. Mrs. H., a young woman, married in December. Soon after had great heat and swelling of the vulva and vagina. Her doctor used stimulating diuretics. She grew worse. She then fell into the hands of my partner. Cooling applications removed the inflammation in a measure. She has still a leucorrhœa, which checks for a few days, and then returns, irritating and burning 'like fire,' Abdomen exceedingly tender at times. When discharge ceases, the womb swells, accompanied with pain—both of which subside when discharge reappears. Womb is described as rolling and squirming. Menstruation has not appeared since her marriage, until about five weeks ago, when there was a show for one day only. None of the ordinary s gns of pregnancy are present. She has kept her bed from the start, although her appetite and general health has been good. The tenderness of the womb and abdomen dates back only about a month. Cooling and astringent injections have been used. The vagina has been too tender for use of speculum. What is the diagnosis and treatment?

"2. I wish to ask another question. Is it safe to inject medicinal substances into the cavity of the uterus, and if so, what instrument is most appropriate, and price?"

1. Probably the lady has some vaginitis, with ulceration of the os, resulting from sexual intercourse. Put her under chloroform, use the speculum, and see whether it is not so. The treatment will then be easy enough.

2. Yes. A uterine syringe is what you want. Price $4.50 to $6.00; but don't use it too often.

### The Opium Habit.

*Dr. H., of Ills.*—"About five years since I began the use of morphia sulph. in one eighth and one fourth grain doses, the effect of which was delightful to quiet nerves, heavy, dull pain in spine, and very unpleasant, jerking, uneasy sensations along arms and lower extremities, dyspepsia, and perhaps dilatation of the heart to some extent; all of which unpleasant symptoms a small dose of morphia would remove in a most thorough manner, leaving me, for from two to twenty-four hours, free from pain, with intellectual improvement. But now from ten to fifteen grains are borne, without any inconvenience, twice daily. Since I began the use of it, my weight and flesh have increased, also my appetite. To neglect taking it destroys all appetite, and leaves me in a most miserable condition, which seems intolerable. But I am satisfied it is ruining me intellectually and financially, it costing me now five or six dollars per week. What am I to do? What can I do? There must be a stopping place somewhere. I have tried many substitutes, but none begin to fill the place of morphia. I cannot read long without dozing, and whilst in that condition there is often a sudden jerk or spasmodic action of the muscles of the body or one extremity, which is often sudden and powerful. Often there seems to be temporary congestion of the spinal cord, and the circulation is temporarily arrested, starting again with a sudden shock to the system. I have faith in the advice of the Reporter, and hence would like to hear from it on the subject of morphia and its effects. Yes, the Reporter fills the bill. I have taken all of our best journals, (or the most of them,) but at the end of the year I have invariably sought for better—they did not give entire satisfaction, something seemed wanting—but when my term of subscription expires now, I do not hesitate, I seek no further, but forthwith renew my subscription without a thought of doing better. What a dreadful habit I have acquired? What can you advise? Of course, it requires all my ingenuity to keep it from my patrons, who, to know it, would cast me off. Which is the best work on morphia?"

Your case is indeed a most unfortunate, and, we are sorry to add, a by no means uncommon one. Indeed, we have thought that physicians, more than any other profession, are inclined to the abuse of opiates. We have known numbers who were constant opium eaters.

It is a most difficult habit to break. Rest assured of one thing—that the unpleasant sensations you experience on quitting the drug, are more owing to the loss of it than to any disease.

We advise you to reduce the quantity one-third or one-fourth of a grain a day, take plenty of active exercise, a concentrated, easily digestible animal diet, cold salt-water baths once or twice a day, and substitute temporarily bromide of potassium for your accustomed anodyne.

"The Opium Habit," a book lately published by Harper & Bros., New York City, is one you ought to get and read. It costs about $1.50.

## METEOROLOGY.

| April, | 19, | 20, | 21, | 22, | 23, | 24, | 25. |
|---|---|---|---|---|---|---|---|
| Wind..... | S. W. | S. | W. | W. | E. | S. W. | W. |
| Weather.... | Clear. | Clear Shr'y. | Clear. | Clear. | Clear. Hazy. | Cl'dy. | Clear. |
| Depth Rain.. | | 4-10 | | | | | |
| *Thermometer.* | | | | | | | |
| Minimum..... | 52° | 61° | 52° | 46° | 45° | 49° | 51° |
| At 8, A. M..... | 66 | 69 | 68 | 56 | 58 | 59 | 37 |
| At 12, M..... | 75 | 77 | 66 | 62 | 66 | 68 | 60 |
| At 3, P. M..... | 76 | 78 | 67 | 65 | 64 | 72 | 59 |
| Mean..... | 67.25 | 71.25 | 63.25 | 57.25 | 58.25 | 62. | 56.75 |
| *Barometer.* | | | | | | | |
| At 12, M..... | 30. | 29.9 | 29.8 | 29.9 | 30. | 30. | 30. |

*Germantown, Pa.* R. J. Leedom.

JUN 2, 1869.

THE

# MEDICAL AND SURGICAL REPORTER.

No. 637.] PHILADELPHIA, MAY 15, 1869. [Vol. XX.—No. 20.

## Original Department.

## Communications.

### CASE OF PLACENTA PRÆVIA.

By Wm. C. Shurlock, M. D.,
Of Darlington, Pa.

Mrs. S., æt. 29, wife of Rev. S., went to Pittsburgh, Pa., on the 8th ultimo. She was at that time about eight months pregnant. On the night of the 9th ult. she was taken suddenly, (without pain,) with severe uterine hemorrhage; she says, "that more than one quart of blood was lost at that time." In a few days after she seemed quite well, and again returned home near the town of D., and, as usual, went about doing her work in the house.

On the 31st ult. she again had another attack of uterine hemorrhage, accompanied with slight pain in the back. I was called to see her about one hour after the hemorrhage commenced, and I am fully satisfied that she lost one quart of blood at that time. It ceased in about four hours from the time it commenced.

I made a per vaginam examination, but could not detect any dilatation of the os uteri. As a cause of the hemorrhage, I suspected an attachment of the placenta over the uteri, and that some detachment of the utero placental surface had taken place, and I feared when labor came on, that it would be one of placenta prævia, and so expressed myself to her husband. Hemorrhage again recurred on the 5th inst., when she lost about the same quantity of blood as before.

On the 8th inst., at 12 o'clock, A.M., she was taken with labor. I was called to see her the same day, at 3 o'clock, P.M. I found her having labor pains every 15 minutes. I made inquiry if she was having any hemorrhage. She informed me it was slight. I made a per vaginam examination; found the os uteri dilated the size of a silver dollar, and a soft, pulpy mass presenting, which, when I touched, caused severe hemorrhage. This hemorrhage continued at intervals of half an hour, till 8 o'clock, P.M., when the labor pains gradually increased in severity. I made another per vaginam examination; found almost complete dilatation of the os uteri, and to my horror, I discovered that my former fears was a reality;—the *placenta was presenting*, and that I had to deal with one of those terrible cases of *placenta prævia*.

The hemorrhage was now continuous and profuse, and the patient's strength began to fail. Knowing that time was valuable in this case, and that a speedy delivery was indicated, I at once proceeded to deliver her with forceps. At first I met with great resistance, because of the placenta presenting, and filling up the entire mouth of the uterus, which prevented the successful introduction of the left-hand blade of the forceps, so as to allow them to lock; finally, I removed the forceps, and with my index finger of the right hand, with the nail cut like the teeth of a saw, I tore through the placenta in an antero-posterior direction, to the distance of about three and a half inches, through which rent in the placenta I introduced the forceps, and in a few moments I had the pleasure of succeeding in adjusting them upon the *fœtal head*, so that I had no further difficulty in locking them. Her pains now became more severe, and having by the aid of the forceps complete control over the fœtus, I at once delivered her of a *living female child*. In about five minutes after the placenta came away, the uterus contracted firmly, and all hemorrhage ceased, much to my satisfaction; after which I applied the bandage, and placed her comfortably in bed. I gave her one-half grain of morphia sulphas, which quieted the nervous system. I remained with her for three hours, when all seemed to be well. I left her for the night. I visited her the next day, found that she and the child were both doing well, and at the writing of this article she is able to be up all day.

Such is the history and the result of my first case of placenta prævia, in an experience of ten years' practice, and I pray God that I may never have a similar one, while I continue in the practice of obstetrics. Should any of the readers of your valuable journal ever meet with a similar

case, I would advise, so soon as the dilatation of the os utreri is sufficiently progressed, to at once break through the placenta, as I did in this case, with the right index finger, apply the forceps through the rent, and deliver the fœtus at once. If the accoucheur will thus act *promptly*, it is my firm opinion, that in all cases of placenta prævia life can be saved to both mother and child.

While speaking of forceps in connection with this case, I wish to say to the profession, that I use Davie's short forceps, modified by myself in 1859, and made to my order by Messrs. Cartwright & Fourg, of Pittsburgh, Pa. The improvement over the old style consists in making the shank one and a half inches longer, which will allow their use in either strait of the pelvis, and permit them to lock without the external genitalia. I also give them one-half inch more of pelvic curve, which facilitates their introduction, and make the fenestra one fourth of an inch longer at the expense of the blade, which makes them lighter, and causes them to hold more firmly, and thus prevent slipping off, when once properly applied.

*April 22d*, 1869.

## POISONING BY TINCT. FERRI CHLORIDI.

Reported by J. R. Hiens, M. D.,

Of Vicksburg, Miss.

I was called on the 14th of November, 1868, to see Mrs. D., of this city, who was ill from congestive chill, from which she had not reacted. After considerable labor, reaction was established, and general heat restored. Prescribed for the patient, and was passing from the house, when I was recalled, and informed by may patient that she was "flooding." On examination, discovered copious hemorrhage from the uterus; uterus is impregnated; had recently had her menses.

I ordered cold applications to the abdomen, and the following: R. Tinct. ferri chloridi, ℥ss.; aquæ, ℥vijss., M.; with directions to use as an injection.

A few hours later I was hurriedly summoned again, the husband informing me that his wife had convulsions, and complained that she was burning up.

On arriving at the house, and making inquiry, I found that the injection had not been used in the uterus, but introduced into the rectum; a most ludicrous and unaccountable mistake. I at once perceived that I had to deal with a case of poisoning from muriated tincture of iron. The patient complained of burning throughout the whole course of the pleniatory canal, violent spasms of the muscles of the hands and feet, great restlessness, and intense thirst; had one convulsion after my arrival.

Ordered copious enemata of flaxseed tea, adding an alkali; gave alkalies by the mouth, and a large dose of castor-oil, which was soon followed by free evacuation of the contents of the bowels, of a very dark and offensive character, which afforded much relief. Gave mucilaginous drinks; continued the use of alkalies. Patient recovered. Burning sensation in the rectum and anus continued for several days.

## THE USE OF THE SILVER UTERINE SUPPORTER IN THREE CASES OF DISPLACEMENT OF THE UTERUS.

By S. P. Crawford, M. D.,

Of Greenville, Tenn.

*Case* 1st. Mrs. G., had labored under prolapsus, with ulceration of the os, for more than two years. A portion of that time confined to her bed, and at no time able to be out of her room or upon her feet but a short time. Suffered with distressing pains in her back, hips, and thighs. I cauterized and used sponge-tent with temporary relief, but any attempt to walk or engage in any physical exercise brought back distressing pains, and in a few days the case was as bad as ever.

Three weeks ago I applied Dr. L. A. Babcock's silver uterine supporter, which at once gave relief to all pain in the back, hips, and thighs. There was an ulcer on the os, with considerable discharge, when I applied it. The second day, I removed the instrument, cauterized the ulcer with nit. argent., and again adjusted the instrument. The ulcer at once healed, and the discharge ceased, and my patient is free from all suffering, has improved in flesh, and says she feels as well as she ever did in her life. She walks about all day, without inconvenience, and walks to town, visiting her old friends, astonishing them, for her visits seem like those of one from the tomb, so unexpected and unlooked for was her recovery.

*Case* 2d. Mrs. W., had anteversion. The uterus was so displaced that its longitudinal axis formed an angle with the axis of the pelvis, the upper portion of the organ deviating anteriorly, the lower posteriorly; the fundus pressing against the bladder had caused so much soreness and inflammation that she could not bear any manipulations to restore the uterus to its normal position. I applied Dr. Babcock's silver uterine

supporter, not trying to put the cup on to the cervix, but let it gently touch the walls of the uterus, to see what power the instrument would have to contract the muscles by its electric action. The next day I found the position of the uterus very much improved, so that I could get the cup to its place and continue its use. The irritation of the bladder soon wore off, and in ten days' time the womb assumed its natural position, and the patient was cured.

*Case* 3d. Mrs. B., had retroversion, with fundus in hollow of sacrum; much enlargement and soreness, with extreme leucorrhœal discharge. I treated the case with Dr. Babcock's silver supporter, using a large cup with a short stem, and found the happiest results after twenty days' constant application of the instrument. Though, in this case, the application of the instrument was painful for the first two days, until the fundus was brought up out of the hollow of the sacrum, then it was worn with ease and comfort.

## A CASE OF CANCER.

By Drs. Jacob Ritter and James H. Case.

The above subject was the wife of Dr. T. G. Morris, of Liverpool, Perry county, Pennsylvania, who died April 21st, 1869, aged 47 years, 11 months, and 13 days. This excellent lady (for such she was) suffered very much for a few years, and especially for the last three months, from a tumor in her right iliac region. The most scientific and skilled physicians were called in, but failed to properly diagnose the tumor; some supposed it to be an ovarian tumor or cancer of the uterus; some a displacement of the liver, or right kidney; others a case of hydatid. The general conclusion was an iliac cancerous tumor, of large dimensions. The best skill proved unavailing. She died on the 21st., inst. Ffty-two hours after her death a post-mortem examination was permitted. Drs. present, James H. Case, Jacob Ritter, J. B. Eby, and G. Ruter, all of Perry county, Pennsylvania. The abdomen being laid open by Case and Ritter, a cancerous tumor about the size of a child's head, presented itself, supposed to weigh about three pounds. It occupied the right iliac and inguinal region, and adhered in front to the peritoneum and walls of the abdomen, some five inches in length, and extending through the lumbar region back to the right kidney, where it was firmly attached, embracing its lower third. It also adhered underneath the kidney, to the spinal column, (firmly upwards) for about six inches. A part of this tumor branched out and adhered to this colon, which was in part absorbed. By making pressure on the tumor one could force out soft pulpy or cancerous matter; on cutting into the same, it was found to contain cells, and to be of the encephaloid, or soft variety. The bowels were in a congested state. The liver was healthy, except the lower lobe which was slightly indurated. The kidney also, save that portion involved in the cancerous tumor, which was congested. The ova or ovarium were normal and healthy, as was the uterus. The probability is, that this cancer was coming on slowly for some years, and only took on growth rapidly the last three or four months, which gave the most excruciating pain, such as could not be palliated to any extent, with morphine, or any class of narcotics nor anodynes, though given freely in every possible form. But amidst the acute pain the bright virtues of Christian patience and endurance was manifested, she lived and died a Christian. The strongest probability is, that this cancer originated in the colon. It seemed to be a part and parcel of the tumor.

### The Australian Disease.

A correspondent sends us the following extract from the diary of Brother Heissel, a missionary in Ramahyuck, Gippsland, Australia, and asks us to "make something out of it."

*October* 1st.—We had again five scholars, and feel encouraged with this slight progress. The Lutheran missionaries have thirteen, who have come from the western district; they receive food and clothing, and sleep at night in the school-room, that they may be as little as possible tainted by their parents' vicious habits.

3d.—Two well-known chieftains made their appearance, and begged for flour, tea, and sugar. One of our former scholars presented himself again, and I am sorry to see in him all the symptoms of that peculiar lameness, which makes cripples of not a few of the blacks; they raise their legs high in walking as if they were in a hurry to get forward, but were prevented by some one holding them back, and they stumble over the slightest obstacle in the way.

We take this to be the earlier symptoms of that peculiar marasmus which destroys so many of the natives of Australia. The muscles undergo gradual atrophy, until the patient appears like a living skeleton. The appetite continues, and a remarkable degree of strength is retained, but finally death is certain. We have seen this disease described by various non-medical travellers, but do not remember any post-mortem examinations reported. It is said to be contagious.

## A URETHRAL APPLICATOR AND UNIVERSAL SHOWERING SYRINGE.

By A. G. Field, M.D.,
Of Des Moines, Iowa.

The following described instrument was devised for the purpose of bringing topical applications more effectually and uniformly upon the urethral mucous membrane than the usual methods of employing injections admits of.

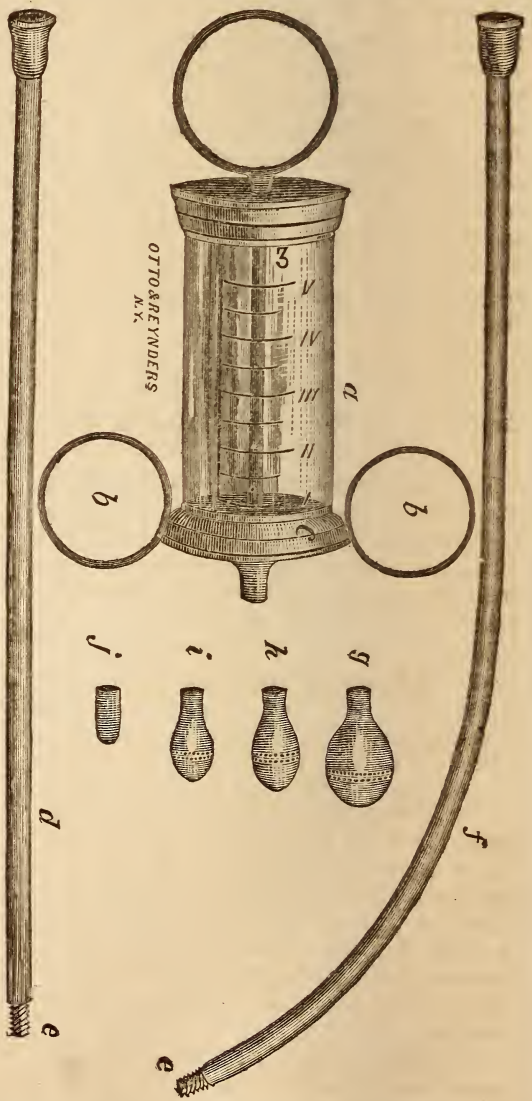
In an effort to study some of the pathological conditions of that canal during the past year by ocular inspection with the endoscope, my attention has been attracted by the constancy of the maculose appearances of the mucous membrane, tumefied blotches, circumscribed patches of abrasion, stricture. etc., in cases of blennorrhœa, and other obstinate maladies of the part. These conditions as their history shows, are usually the extension or sequelæ of less circumscribed disease, involving at first only the mucous membrane, and suggest inefficiency or misapplication of treatment which has simply modified the preceding form, or eradicated it from a portion only of the tissues involved.

Without considering the varieties of one-third injections, the indications for the use of them, or their comparative value as an adjunct to other treatment, our object is merely to invite attention to the manner of using them.

The inferences, from a contemplation of the prominences and fossæ, sinuses and longitudinal folds of the urethral mucous membrane in its quiescsnt condition, together with the usual mode of employing injections, seems to afford a starting point for a solution of the difficulty, and to present the importance of overcoming these irregularities by distending the canal sufficiently to constitute its walls as nearly as possible, smooth and even surfaces in the use of local applications. For this purpose Dr. M. S. Buttles invented and has used with success a syringe, the nozzle of which is provided with prongs on either side, which being introduced with the nozzle dilate the canal while the injection is thrown into it. See *Medical Record*, vol. 11, page 575.

With the instrument hereafter described, all parts of the urethra can be reached with equal facility. It is operated with one hand and adapted to a variety of conditions. The point most suitable having been attached, and the syringe sufficiently filled with the injection to be used, a bulb of proper size for the urethra is attached to the point, and the injection forced into it. The urethra having been previously cleared by micturition, the bulb point is to be introduced into it as far back as the disease extends, and the syringe gradually discharged as the point is slowly withdrawn.

This instrument has been so far used with very satisfactory results. But as its real value can be determined only by a more general and extended use of it, others interested and having larger opportunities may feel disposed to give it a trial, as a help not only in obviating some protracted diseases of the urethra, but in facilitating the cure of them in their most obstinate forms.



The value of the instrument, however, is not entirely confined to the use for which it was originally designed. As a UNIVERSAL SHOWERING SYRINGE it has in my hands superseded to some extent the use of probangs, caustic holders, spray tubes, etc., in the treatment of diseases of other canals and cavities of the human body.

The figure marked (*a*) is designed to represent a strong glass ʒ v. syringe, two and one-half inches in length, and graduated.

The rings (*b*) (*b*) are attached to the metallic cap (*c*) for support as represented. The point or tube (*d*) is straight, and is six inches in length; and the point (*f*) is curved in its terminal two-thirds, and is nine inches in length. Both are of the size of a No. 4 bougie, and are terminated at (*e*) (*e*) by screws for the attachment of the oblong globular bulbs (*g*) (*h*) (*i*) and (*j*), which are perforated in their lesser circumferences by numerous minute holes, 1-50 inches or less in diameter, except (*j*), which is perforated only at the distal extremity. They correspond in size to Nos. 4, 6, 8, and 10 bougies, and are all adapted to either point or tube (*d*) and (*f*). The tubes or points are attached to the syringe by means of a screw, and a sliding gage adapted to either point, is useful in locating the application at any given distance within the orifice of a canal or cavity.

The metallic part of the instrument is of pure silver, but its range of usefulness would be somewhat extended by using some still less corrosive metal.

## Medical Societies.

### BROWN COUNTY MEDICAL SOCIETY.

*Georgetown, O., April 14th*, 1869.

The Brown County Medical Society met, pursuant to a call of President and Secretary, published in the County papers. The minutes of the previous meeting were read and approved.

Several very interesting cases were reported and fully discussed. Some of the cases were of unusual interest, and during the discussion excited by them, a complete interchange of opinion was had.

On motion, Dr. E. R. BELL and W. W. ELLSBERRY were appointed delegates to the American Medical Association to meet in New Orleans in May 1869, and Drs. D. GOULD, Y. STEPHENSON, J. N. SALISBURY and J. L. Wylie, were appointed delegates to the Ohio State Medical Society.

Dr. A. N. WYLIE offered a resolution which was unanimously adopted, to the effect that members of the society shall exact full fees for medical attention on all ministers and their families, who so far forget their obligations to their profession, to society, and to science, as to become advisers in the interest of irregular practitioners, thus jeopardizing the health and lives of good citizens.

Dr. STEPHENSON offered a resolution in relation to the proposed Geological Survey of the State, which was unanimously adapted.

On motion, the society then adjourned to meet in Ripley on the third Wednesday of May next, at ten o'clock, A. M.

THOMAS W. GORDON, *Secretary.*

## EDITORIAL DEPARTMENT.

## Periscope.

### A Long Fast.

A case of a young girl who is said to have fasted for the last seventeen months, is thus reported on by J. LEWIS, M. D., of Carmarthen, in the *Brit. Med. Journal:*

Sarah Jacobs, aged 12 on the 17th of this month, is the daughter of a farmer residing in the parish of Llanfihangel-ar-Arth, Carmarthenshire, and is the third child in a family of seven. All the other children are healthy. The farm is situated in a valley having a south aspect, and it is near the lower part of the valley. There is humid land on the west side of the house. The house itself is straw-thatched, with one story. The room occupied by the girl is on the ground floor, and is of moderate size. The floor is of mortar composition, and is not covered with boards or matting. There are two bedsteads in the room—one occupied by the girl's parents, and the other by herself. Her bedstead is rather low, and so placed in the room that no direct light falls on the girl; and this has been the position of the bed for the last twelve months. There has not been any fire in the bedroom from the commencement of her illness.

The alleged facts respecting this girl are, that she has not swallowed any food whatever since October 10th, 1867; and that she has not swallowed any water or any other fluid since the end of December, 1867.

*Previous History of Sarah Jacobs.*—She was healthy as a child, and remained so until February, 1866. At that time she passed through an attack of scarlatina, which spread through the family; and, although no medical treatment was

adopted, all of the children recovered. After about a fortnight's confinement to the house, she was quite well, and went to a neighboring school. About February 15th, 1867, she first complained of pain in the epigastric region; and one morning, on getting up, she complained to her mother of having some frothy, bloody fluid in her mouth. What the source of this was, could not be ascertained. On Sunday, February 17th, the epigastric pain, which was chiefly in the left side, became agonizing, and continued until the evening, when, after taking some remedies ordered by Mr. Davies of Llandyssil, she was relieved. She has never left her bed since this severe attack. For a fortnight afterward she complained still of epigastric pain, but did not lose consciousness. At the end of a fortnight from the commencement of her illness, she began to suffer from convulsive attacks, which, from the description given, were epileptic. During the fits the body was arched forward very considerably, the centre of the spine being very much raised from the bed. After continuing for a short time in a state of opisthotonos, the muscular spasm suddenly ceased, and she fell flat on the bed again. For a whole month she continued in a state of unconsciousness, suffering from constant repetitions of severe convulsive attacks, during which time she took little food. At the end of the month she seemed to recover natural consciousness, and asked for food. From this time the fits ceased to be of the convulsive type; they were simply temporary loss of consciousness, with sudden awakings. For a month she partook of rice and milk, and a preparation of oat-meal and milk, in fair quantities. She then gradually declined in her desire for food until August of the same year, when she took only small quantities of boiled apple and milk. Thus she continued until the 10th of the following October (1867), when she ceased to take any food whatever. From this date to the following Christmas, she was given small quantities of water, in the course of the day amounting to only a few teaspoonfuls; but, since the end of December, 1867, she has not swallowed any fluid. Occasionally, after coming out of her attacks, a little water is applied to her lips; but even this has not been done for the space of nine days. Since she has ceased to take any food, she has not suffered from any intercurrent attacks of illness, saving a few herpetic eruptions on her lip, and an occasional headache. The last time her bowels were moved was on November 6th, 1867. She continued to pass some urine for about a month after this, and then she ceased to pass any until August, 1868, when she was found occasionally to wet the blanket—about twice a week—with a small stain. She has had no secretion from the nostrils; and the skin has had no sensible perspiration, except on the hands and feet, which feel moist. In May, 1867, she lost all her hair; but since then it has been entirely reproduced, and is now long. Her second dentition has been completed during her illness, and she has grown in length during this time.

*State on April 7th*, 1869. She was lying in a low bed, on her back, the shoulders and head slightly raised, and her right arm outside the clothes, which she moved at will. Her face was not emaciated, but moderately full, with slight flush on the cheeks, and the nose and color of lips natural; her features were perfect and good looking; the skin of her face generally was healthy; her front teeth were normal, and it was said that the remainder were so, though I did not see them. She was not able to open her mouth; she never put out the tongue. The temperature of the forehead was natural; her eyes were bright; the irides of hazel brown color. The general aspect of her face was that of being delicate, not cachectic. As her examination required to be proceeded with cautiously, her body was not uncovered, but my hand was applied immediately to the front of the chest and the abdomen. The skin covering these parts was warm; there was no excessive emaciation felt; the abdomen was not depressed, but was of the usual position of a slender child. Occasional, flatulent, rumbling noises were heard in the abdomen. The whole of the right arm was seen, and the legs; the color and texture of the skin on these parts were healthy; the hand looked delicate, and the nails well formed. The length of the right forearm and hand, from the point of the elbow to the end of the middle finger, was 14 inches; from the point of the elbow to the carpal end of the ulna, was 8 inches; the girth of the middle of the arm, 7 inches, and of the middle of the forearm, 6⅜ inches; the length of the whole body was 4 feet 8 inches, measured with a tape. The respiration was natural; 17 inspirations in the minute. The superficial breadth of the chest, across the level of the mammæ, was 10 inches. The pulse was feeble, but distinct and variable, from 100 to 108 per minute. The temperature in the axilla, after three minute's rest, was 95°; the temperature of the feet rather low. She sleeps well every night, from six to eight hours, but she does not sleep in the day. She is cheerful in her disposition. I heard her read aloud a Welsh hymn; her voice was plaintive, but mod-

erately loud and distinct. During my visit, she had three or four attacks of unconsciousness; one was caused by the barking of a dog; she partially closed the eyelids, and remained perfectly still; the color of the face was not altered. After two or three minutes, she heaved a sigh, made a slight sound, and seemed like one suddenly awaking from sleep.

She is once a day removed from one bed to another, for the purpose of shaking her bed; during this time she remains in a state of unconsciousness, or what they call "a fit," and does not recover until replaced in her own bed. She is clothed in a colored flannel and calico nightdress.

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### Neuralgia of the Face.

The following extract is from a lecture delivered before the Union Dental Association at Toronto, by Dr. Wm. Canniff, and published in the *Canada Journal of Dental Science.*

Neuralgia, or irritation of the dental nerve, is often the cause of mydriasis or dilatation of the pupil. Likewise the various muscles of the eye have been found paralysed in cases of wound of the infra, or supra orbital nerves, or in cases of neuralgia. Cases of hemiplegia, that is, paralysis of one side of the body, are recorded, in which the disease was limited to a part of a limb, as the face, or the eye, due to tic douloreux. Dr. Shearman mentions a case of hemiplegia of the right limbs, caused by neuralgia of the right inferior maxilliary nerve. Brown-Séquard records seventeen cases of hemiplegia from morbid reflex action, due to irritation of the fifth nerve near its origin, or of the crus cerebelli. Almost every physician has met with cases of hemiplegia, caused by a diseased tooth, which was entirely removed by the extraction of the tooth.

Anæsthesia, loss of sensation, is not a rare thing from morbid reflex action. One whole side of the face has been repeatedly affected, which was due to neuralgia of the trifacial nerves of the same side. Brown-Séquard mentions a case of anæsthesia of part of the forehead and face, in consequence of the irritation of a branch of the fifth pair on the cheek bone by a bruise. I might continue to enumerate instances of morbid reflex action and sensation, in connection with the fifth pair of nerves, such as amaurosis, where there is diminution or complete loss of sight, without any external mark thereof, the optic nerve or retina being affected. This is a not uncommon result by reflex action, of diseases of the supra-orbital or infra-orbital nerve, especially neuralgia; also, after injuries of those nerves. Many cases are recorded in which amaurosis is cured by curing the neuralgia. Indeed, there is no nerve which possesses so much power to cause reflex morbid function as the fifth pair. This is, of course, due to the extensive nature of the distribution of this pair, as well as its numerous anastomoses.

Neuralgia, or tic douloreux, is a term often used, without, perhaps, any specific idea as to its purport. Neuralgia is characterized principally by acute pain, sudden in its onset and disappearance. It is due to pathological irritation of the nerve, by which the component elements of a nerve trunk are disturbed, and thereby incapacitated to carefully discharge their duty. It is akin to inflammatory action. Now the primary irritation may exist in the trunk of the nerve, or at the periphery of one of its branches. One of the most common sources of neuralgia is in connection with the fifth nerve, and it is very frequently seen arising in a small dental nerve where the tooth is decayed. Consequently, neuralgia of the face is by far the most ordinarily met with by the surgeon and the dentist. But neuralgia of the fifth nerve may be produced by other causes. It may be the result of irritation in other nerves, while, also, an irritation of the nerves of the jaws may cause a neuralgia elsewhere than in the face. A few instances may be given:—Tumors on the head pressing upon a nerve have caused neuralgia, and the removal of the tumor effectually cured the disease. An injury to a nerve in one side of the body has produced neuralgia upon the other side. Neuralgia of the left temple has resulted from a severe cut over the right parietal bone. Cases are recorded in which there was neuralgia of the arm, caused by an irritation of the dental nerve from a decayed tooth. These were always cured by the extraction of the decayed tooth. A tumor upon the inferior dental nerve has caused facial neuralgia. Dr. Green, of New York, has, by removal of such tumor, cured the neuralgia. Repeatedly, division, or excision of a portion of the orbital nerve has removed neuralgia—sometimes of years standing. Burns, and the resulting cicatrix, as well as wounds, have caused neuralgia, which nothing but excision would remove.

Neuralgia is very likely to lead to alterations in nutrition; not alone of the soft parts, but in the teeth. In all cases where there is disease of a dental nerve during the period of growth, there will result defective formation of the tooth. And at any period of life it will impair their integrity, and tend to decay.

In like manner deranged action of the nerve

may cause morbid secretion, or completely arrest it, as of the saliva. It may induce cataract as well. These morbid secondary results may remain there after the primary and secondary causes have passed away, or have been cured, even after a portion of the nerve has been removed.

Again, neuralgia may lead to, or cause grayness of the hair, or some affection of the ear. Not unfrequently, neuralgia is complicated with hysteria, a protean malady of constant occurrence. Instances are recorded in which hysteria succeeded facial neuralgia, and came on regularly at the same hour of the day as the neuralgia had. Now here is an affection of the fifth nerve, extending to the nerve centre, beyond the origin of the roots. Similar cases are mentioned, in which there was an exchange of a peripheral, or a central disorder. For instance, neuralgia will sometimes terminate in mania, or melancholia; occasionally the one will alternate with the other. An interesting case is mentioned by a German writer, of neuralgia of the left fifth nerve, which was followed by sensations of distress, a special feature of which was that the patient had not room enough; that everything around him was getting narrower, and converging toward him; the walls seemed to be closing together round him, and the ceiling to be sinking down. If in the street, he appeared to be entering into a *cul de sac*, while crowds of people seemed to be pressing toward him. Here we have reflected action characterized by abnormal ideas. The irritation of the nerve excites parts of the brain, which are not involved in the neuralgia itself, just as we have in some cases, morbid co-sensations, in this we have morbid co-ideas, as result of the hyperesthesia of the fifth nerve.

### Cohnheim's Theory.

Professor Koloman Balogh, of Pesth, denies the correctness of the conclusions drawn by Waller in 1846, and Colmheim in 1867, on the identity of the white blood-corpuscles and pus-corpuscles. He does not believe that the white corpuscles pass out of the uninjured capillary walls; and did not succeed in observing their "amœboid movements," although he made many careful microscopical examinations. He says that the theory revived with so much *eclat* by Cohnheim is destined to sink into oblivion, as did the original one of Waller. (*Virchow's Archiv*, November 5th, 1868.) As his experiments were made only on the mesentery of frogs, the inflammation being induced by exposure to the air, and as Cohnheim's apparently conclusive arguments receive greatest support from observations in ceratitis, the corneal tissue possessing many advantages for the study, we hope that Dr. Balogh's negative testimony may prove to be incorrect. Cohnheim's theory, once thoroughly established in truth, contains the germs of such improvements in our knowledge of pathology that we would reluctantly see it pass away as a mere chimera. A. A. H.

### Remedy for Whooping Cough.

An experienced practitioner, in an article published in the *Canada Medical Journal*, says that the following prescription for whooping cough is the best he has met with:

| | | |
|---|---|---|
| ℞. | Ammon bromid., | ʒj. |
| | Acid hydrocyan. dil., | ♏xx. |
| | Tinct. sem. stramonii, | ♏xx. |
| | Water and syrup, | ℥iv. M. |

A teaspoonful three times daily to a child two years old, will often relieve in twenty-four hours. Two or three grains of the bromide of ammonia may be given three times daily.—*Med. Record.*

# Reviews and Book Notices.

### NOTES ON BOOKS.

"Public Parks; their effects upon the Moral, Physical and Sanitary Condition of the Inhabitants of large cities; with special reference to the City of Chicago," is the title of a pamphlet of about a hundred pages by Dr. John H. Rauch, the sanitary superintendent and registrar of vital statistics of that city (S. G. Greggs & Co. publishers.) It was prepared in compliance with a resolution of the Chicago Academy of Sciences, and read before this body at a recent meeting. The facts it contains in regard to the history, value and extent of parks in cities are of interest to every municipality, and especially deserving attention in our western country where so many cities are in process of formation. Received through Dr. Naphegyi.

The literature of the transfusion of blood has been enriched by an essay of 157 pages by Dr. L. von Belina-Swiontkowski, of Heidelberg, entitled "Die Transfusion des Blutes in physiologischer und medicinischer Beziehung." It is embellished with a number of wood cuts. This subject has just now additional interest from the fact that at least two operations of successful transfusion have been performed in this city, quite recently, showing the value of the procedure beyond doubt.

Medical and Surgical Reporter.

PHILADELPHIA, MAY 15, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

## THE INTERMARRIAGE OF RELATIVES.

Nearly all the Indians of North America were divided into clans, or, as they were called by the Algonkins, *totems*, the genealogies of which were scrupulously preserved in the *female* line. No person could marry in their own totem, and it was currently believed that if this rule was violated, serious physical consequences would result.

The law of Moses, as laid down in the book of Leviticus, was equally stringent, and defines with great precision the relationship within which marriage is not permissible. Incest is nigh universally regarded as a crime, though on what grounds it is difficult to say. DARWIN, in his last work suggests that the desire of novelty first led men to seek women not of their own household, and this tendency, increasing by the process of selection, gradually grew to an invincible repugnance.

We say it is difficult to see on what grounds incestuous marriages were avoided by primitive nations; still less why the conjugal union of first cousins, uncles and nieces, etc., were condemned. For it is a strange fact that even after the numerous investigations, the repeated examination of statistics, and the impartial scrutiny of thousands and tens of thousands of cases, physicians are yet entirely disagreed as to the effect of such marriages, either on those who form them, or their offspring.

This has impressed us forcibly quite recently in reading two essays on the intermarriage of relatives, both written by men who have given the topic conscientious study, who are equally competent to pronounce an opinion, and yet who arrive at widely divergent conclusions. One of these is Dr. NATHAN ALLEN, of Lowell, Massachusetts, the other Dr. F. J. BEHREND, of Berlin. The former's article appears in the *Psychological Journal* for April, that of the latter in the December number of the *Journal für Kinderkrankheiten.*

Dr. ALLEN italicises his conclusion that *cousins should not intermarry.* He bases this verdict on the belief that "there are in cousins, according to the best statistics gathered, so much of a family likeness, and so much imperfection of structure, morbidness of function or eccentricity of character, that the hereditary effects are decidedly prejudicial to offspring." In other words that the children of cousins who have married are more likely to die early, and to have some hereditary taint of body or mind than others, or else that such marriages will be wholly sterile. This belief is supported by a number of statistics, especially by those collected by Dr. BEMISS, and published in the Transactions of the American Medical Association. But he has by no means confined himself to these, though we cannot say that he has at all exhausted the materials at hand.

Nearly the same authors are quoted by Dr. BEHREND, nearly the identical statistics scrutinized. And yet with what different eyes the following summary of his views will show. He concludes thus:

"The relationship of the parents, no matter how near this may be (even to brother and sister), exerts in itself positively no injurious influence on the physical or mental character of the children, nor is it in the least a cause of sterility.

"Repeated marriages, generation after generation, between relatives, have nevertheless the effect of developing the bodily or mental weaknesses of ancestors in their descendants, and in this respect a crossing of blood becomes a necessity in order to avoid these weaknesses.

"But *per contra*, just as these weaknesses are increased by such marriages, so are physical and mental advantages, such as muscular power, courage, business tact, energy, etc. They are developed and become the rights of birth, and therefore precisely these marriages are *to be recommended* (es würde gerade solche Ehen zu empfehlen sein,) in order to keep the blood pure, and improve the family."

Now it is curious to see how from almost the same facts and figures, two writers reach diametrically opposite conclusions. In examining Dr. ALLEN's paper, he seems to have overlooked certain sources of error. The statistics in relation to deaf and dumb, and idiotic children, collected by MENIERE, BOUDIN, and BEMISS, are

open to the objection that they start from the children and go back to the parents, instead of commencing with parents and inquiring about their children. This exposes them to serious errors.

As to the charge of sterility, "nothing," says Dr. Gallard in the *Nouveau Dictionaire des Sciences Medicales*, "is more illusory." A comparison of all the materials at hand shows that in ordinary marriages 1 in 8 women is sterile; but between relations only 1 in 10 is sterile. Therefore so far as fecundity is concerned such marriages are advantageous.

Now let it not be replied to this that these children die early. Just the contrary. Dr. Gallard gives the general mortality of children under seven years at 1 in 6.40; while the mortality of children under seven in marriages of consanguinity is one in 8.10. Once more heavily in favor of the union of cousins. Dr. Edward Smith tells us that out of a thousand cases of consumption he had examined, in only *six* was there consanguinity of parents.

Dr. Behrend gives repeated instances of families who have for centuries married "in and in," and whose members are now remarkable for physical strength, health, and good looks. It is extremely curious that Dr. Allen should have so entirely overlooked these instances. Or was he unwilling to meet them? For ourselves, while expressing no opinion as to the question at issue, we must say that the American writer has by no means done away with the necessity of giving the inquiry another examination before it is definitely decided.

### The Woman Question.

At a meeting of the Edinburgh University Court, held on April 19th, appeals were heard against the admission of Miss Blake to certain classes in the University during the coming summer session, as approved of by the Senatus. The following resolution was adopted:

"The Court, considering the difficulties at present standing in the way of carrying out the resolution of the Senatus as a temporary arrangement in the interest of one lady, and not being prepared to adjudicate finally on the question whether women should be educated in the medical classes of the University, sustain the appeals, and recall the resolution of the Senatus."

☞ The Proceedings of the American Medical Association, at its late meeting in New Orleans, specially prepared for us by the Secretary, received too late for this number, will appear next week.

# Notes and Comments.

## THERAPEUTICAL BULLETIN.*

Compiled by Geo. H. Napheys, M. D.

No. 13.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc., etc.

The selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form.

*Treatment of Skin Diseases.*

J. M. Da Costa, M. D.

99. ℞. Ung. hydrarg. oxidi rubri,
Unguenti hydrargyri, āā ʒij.
Glycerinæ, fʒss. M.

For psoriasis; to be rubbed in morning and evening, when there are no vesicles, after washing the parts with Castile soap. Internally,

100. ℞. Liquor arsenici et hydrargyri iodidi, ♏ x.

In water, ter die, after meals. Avoid fatty articles of diet, and those highly salted. The most important thing in skin diseases is to determine, not so much their character externally, as to ascertain with what internal conditions they are associated.

In the acute stages of psoriasis the following may be used.

101. ℞. Cerati plumbi subacet., ʒij.
Glycerinæ, ʒj.
Cerati simplicis, ʒiv. M.

Attention should be paid to the digestive system. Then, after the acute inflammatory condition has subsided, the red precipitate ointment (No. 99) may be employed, or

102. ℞. Sulphuris iodidi, gr. x.
Adipis, ʒj.

To be rubbed in morning and evening. Internally, Donovan's solution, as above, ter die.

* Entered according to Act of Congress, in the year 1869, by Geo. H. Napheys, M. D, in the Clerk's office of the District Court for the Eastern District of Pennsylvania.

N. B. This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

103. ℞. Vini ergotæ,
Tr. cardamomi comp., āā f.℥j. M.

Teaspoonful ter die in rheumatic purpura, together with three grain pills of Vallet's mass three times a day. In this affection the extravasation of blood depends upon an alteration in the capillaries, and not merely upon the changed condition of the blood. Therefore, remedies like ergot and digitalis, particularly the former, are indicated to act upon the capillary vessels, as well as chalybeates to improve the state of the circulating fluid.

Tilbury Fox, M.D., Lond., Physician to the Skin Department, Charing Cross Hospital, etc., etc.

104. ℞. Zinci oxidi, ℥ij.
Calaminæ præparatæ, ℥ij.
Glycerinæ, f.℥ij.
Aquæ rosæ, f.℥viij. M.

Use in eczema, generally when the surface is tender and red. The part should be lightly bandaged with this lotion, which should be used very freely so as to keep the surface moist, and exclude the air if possible. If the itching or sensation of burning is bad, the following may be used.

105. ℞. Potassii cyanidi, gr. iij—v.
Adipis, ℥j. M.

In the second, or exudative stage, ointments should be generally avoided. In proportion as the heat or itching, the redness or swelling disappear, astringents should be employed, but whenever there are signs of irritation, soothing ank emollient remedies should be used externally. This treatment, together with aperient tonics, generally controls the discharge. The diseased parts should be most gently handled at all times. Soap should not be used, and no friction with the clothes allowed. When the third or scaly stage is reached, it is often still highly necessary to avoid the use of any application which acts as an irritant, for irritability is one of the chief characteristics of the skin of an eczematous subject.

106. ℞. Creosoti, gtt. xl.
Glycerinæ, f.℥iij.
Aquæ, f.℥vj—viij. M.

Used in pityriasis.

107. ℞. Acidi carbolici, ℥ij.
Glycerinæ, f.℥j.
Aquæ rosæ, ad f.℥viij. M.

Used in ring-worm of the surface especially.

108. ℞. Hydrarg. chlor. corros., gr. j.
Tincturæ benzoni, f.℥ij.
Aquæ destillatæ, f.℥vj. M.

Used in acne; to be applied two or three times a day. This preparation, known as virgin's milk, is also recommended by Hebra.

109. ℞. Argenti chloridi, gr. v—xv.
Cerati adipis, ℥vj.

Used in psoriasis.

Prof. S. D. Gross.

110. ℞. Tr. ferri chloridi, f.℥j.
Liq. potassæ arsenitis, f.℥iss.
Hydrarg. chlor. corros., gr. iij. M.

Thirty drops ter die, in sweetened water, through a tube, as an alterant tonic for eczema.

Prof. Hebra.

111. ℞. Sulphuris, ℥j.
Alcohol, f.℥j. M.

Used in acne; to be applied at night by means of a camel-hair pencil, after washing the face with soft-soap. It is removed in the morning, by means of soap. Cacao butter is kept on all day.

Frank F. Maury, M.D.

112. ℞. Ung. hydrarg. nitratis, ℥iss.
Olei olivæ, f.℥iss.
Glycerinæ, f.℥iss. M.

A pomade in eczema, etc.

Thomas Hawkes Tanner, M.D., F.L.S., Lond.

113. ℞. Unguenti creasoti,
Unguenti sulphuris, āā ℥ss. M.

In pityriasis and some other chronic cutaneous affections.

### Drug Law in New York.

The New York Legislature has passed a law to protect the public against ignorant apothecaries' clerks. It provides, under heavy penalties, that no person shall prepare a prescription unless he has served two years' apprenticeship in a drug store, or is a graduate of a medical college, or college of pharmacy, except under the direct supervision of some person possessing one of these qualifications. The act contains other provisions to make these regulations effective, but this is the gist of the law.

### Brisk Trade in Doctors.

A friend in Illinois favors us with a card of Dr. T. W——, Milwaukee, Wisconsin, who announces to the profession that the States of New York, Ohio, Michigan, Minnesota and Wisconsin, have passed laws that no person can practice medicine unless he is a graduate of some medical college, and as a diploma is *primâ facie* evidence of such graduation, he offers them for sale, "*bonâ fide* and recognized throughout the world," for a very reasonable rate.

Dr. T. W——, claims to represent a medical institution chartered by the Legislature of Wisconsin, and runs a hospital and collegiate agency in Milwaukee. We have no acquaintance with

the statutes of that state, but if they do thus favor an unwhipped rascal, who makes it his business to aid other rascals to escape the laws, those statutes had better be repealed and modified as becomes a Christian commonwealth. If any of our friends will agree to give T. W——, M. D., a lift for this swindling, we will take pleasure in forwarding his full name and exact address.

### Bromide of Potassium.

In the *Union Médicale* of January 21st, it is stated that the last number of the Reports of the Medico-Chirurgical Society of Bordeaux contains an account of a case of epilepsy, in which the patient, a woman, took the bromide of potassium in amounts varying from thirty grains to one ounce per diem, for a period of about one year. At the end of this time she died, as is alleged, from the debilitating effects of the salt.

### Case of Asexualism.

In the proceedings of the Buffalo Medical Association we find the following case of this rare deformity reported by Dr. Little. It was a *post mortem* examination on a young person known as John R., aged 25 years, of Irish parentage, born in New York, of effeminate appearance, having no beard, and never having shaved his face. Had followed the occupation of cook on board of vessels on the lakes; belonged to a military company in the city, and served in the U. S. Army two years. *Post mortem* examination revealed no organs of generation, male or female; neither penis, scrotum or testicles, vulva, vagina, uterus or ovary, but what might be called a miniature penis, not as large as that of a new born male child. On examining it closely, outlines of labiæ could be seen.

The specimen was carefully removed for further investigation, by sawing through the pubes, and removing the parts in situ, with the bladder and part of the rectum and anus. Dr. Miner was present at the examination and perhaps has since, more carefully examined the parts, as he has the specimen in keeping for the museum of the Buffalo Medical College.

Dr. Miner editor of the Buffalo *Medical and Surgical Journal*, in which periodical the proceedings are reported, said, that he had little to add to the description of Dr. Little. The subject had the general appearance and form of the female, and every one, judging from it alone, would unhesitatingly call him a woman; but upon examining the sexual region he would perhaps say, she is a man. Dr. Little has said that "examination revealed no organs of generation, male or female," and with his subsequent explanations he would endorse fully the statement. Certainly there are no developed generative organs natural to either man or woman. He had not himself, and he presumed Dr. Little had not made examination sufficient to be able to say that the neighboring parts contained no rudimentary organs answering to either sex. He had thus far avoided mutilating it by dissection, being desirous of preserving its natural appearance, but dissection could be made and still cause no injury to the specimen. The penis is rudimentary, but still has a foreskin, and as felt through foreskin, a glans penis. The bladder was greatly enlarged, containing urine, which, on pressure, freely escaped through the urethra, which terminates naturally in the miniature penis. There are no testicles, unless they are to be found in the inguinal region or walls of the abdomen. There is no womb, unless it is rudimentary and entirely concealed in the tissues between the urethra and rectum; nothing like an ovary could be found in normal position. He thought it possible that careful dissection would reveal rudimentary organs which would more positively determine the sex. He mistrusted this might prove true, because it would be such a rare and perhaps unheard of anomaly, if no sexual apparatus could be found. If she was a man, she had many of the characteristics and appearances of a woman, and if he was a woman, certainly it must require most careful examination to demonstrate the presence of any of the female sexual organs. The case seemed remarkable to him, whatever might be shown by more careful examination.

Dr. White remarked that the case related by Drs. Miner and Little possessed great interest to the embryologist. The entire absence of genital organs, both male and female, was certainly very rare. In this instance, so far as could be discovered by the eminent gentlemen making the examination, there are no rudimentary organs of either sex. It is possible that upon a more careful inspection the rudimentary filaments may be discovered, having been arrested in their development at an early period in fœtal growth. Complete absence of the uterus has been doubted by many, because a more careful study of cases recorded as authority rendered the presence of rudimentary organs of one or the other sex presumable or evident. Simply examining the living is by no means conclusive on this point. To arrive at reliable conclusions a careful *post mortem* examination is important.

A recent writer, KLOB of Vienna, says "complete absence of the uterus, especially where accompanied with defective fallopian tubes and ovaries, is rarely found except in infants with an undeveloped condition of the lower half of the body and incapable of existence. Cases of absence of the uterus with complete development of the rest of the body had been but rarely met with."

### A Precocious Child.

The St. Charles (Minn.) *Herald*, of recent date, contains the following singular account of a precocious child, reported by Dr. J. H. SUDDUTH, said to be one of the most respectable physicians of that ilk. Of course, as the matter is about talking so much, it is a female child. He says:

"I was called upon a few days ago to attend a sick child, a daughter of William and Mary Jane Hearsey, living in the southwest part of St. Charles township. I found the child, aged a few days under five months very ill. After administering medicine to the child, I was startled to hear it say very distinctly, "Mamma, baby don't want any more." Completely nonplussed, I inquired of the mother how long the babe had talked. As though it were no unusual occurrence, she coolly said it commenced talking a few days before it was three months old! Deeply impressed with this unheard of and premature development, I watched the child with the deepest interest. It does not prattle, as is usual with infants when first trying to talk, stumbling upon and straining at words. It speaks clearly and coherently, a regular sentence that clearly expresses its thought or ideas. It seems to think, and then expresses its thoughts calmly and clearly. It seems to note the anxiety and wishes of others. A little four-year old brother was out of the house, and several members of the family inquired where he was. He soon came in, when the baby seeing him, said to the mother: "Otty has come home." It will lie quietly in its cradle while its mother is at work, and when it is hungry will say "baby wants dinner," or "mamma take baby up," as plainly as a child of five or six years of age. I may as well mention the fact that another of the children commenced talking at eight months old.

### Japanese Dentistry.

They have dentists in Japan, who evidently do not enjoy the benefits of Dental Associations and journals. The Japanese are a remarkable people; their jugglers are unsurpassed; but commend us not to their dentists. Their manner of extracting a tooth must be tempting to their patients, and reminds one of the method of removing a rusty screw. The tooth is tapped with a mallet, until it can be extracted with the fingers; pleasantly suggestive of an amount of malleting, which we should think would not commend Japanese dentistry.

# Correspondence.

## FOREIGN.

PARIS, March 15, 1869.

### Sulphuret of Potassium as a Remedy for Croup.

EDITORS OF THE MEDICAL AND SURG. REPORTER:

Some time ago Mr. BARBOSA, of Lisbon, recommended sulphuret of potassium as a remedy for the croup. Dr. LABAT and several other French physicians tried it without much success, notwithstanding the striking results which Mr. BARBOSA had experienced in its employment. Dr. LABAT tried sulphuret of potassium as an expectorant to combat the dry cough, which is so dangerous a stage in a disease. Not obtaining from this specific the result which he expected, in the case of a little girl of two years of age, Dr. LABAT administered acetate of potash, which can be given in a large dose, and possesses the advantage of not having a strong flavor. He prescribed this salt in doses of 10 grammes dissolved in 120 grammes of water, to be taken by teaspoonfuls every half hour. Three hours of this treatment produced an abundant expectoration, but in this particular case the secretion becoming purulent, the child succumbed.

Convinced, however, that he had found a medicine capable of producing an abundant mucous expectoration, Dr. LABAT administered acetate of potash with proportion of 8 grammes to 120 grammes of water to a child of eighteen months, in which the cough had assumed an alarming dryness, twenty-four hours after tracheotomy. The following day mucous expectorations had reappeared and the child recovered, after a treatment of 16 grammes of acetate of potash, since this last case acetate of potash has been several times used under similar circumstances, notably by Dr. DADOW of St. Andrew's hospital at Bordeaux, and always with marked success.

Dr. LECORNAT physician to the Transatlantic Navigation Company has just published a remedy which he considers infallible for sea sickness. It consists of faradisation of the epigastric region, accompanied by the external use of a solution of atropine.

During the first day he does not attempt to arrest vomiting, when its frequency does not pass the limits natural to the temperament of the patient. Experience has proved that if these evacuations are suddenly stopped at the commencement the result is an obstinate constipation. However, as soon as sea sickness passes the

limits of an ordinary indisposition, means of combating it should at once be sought, especially in the case of persons of an extremely nervous temperament, convulsions of a very grave nature might ensue.

When the illness assumes a serious character Dr. Lecornat recommends friction of the epigastric region with a cloth dipped in water, which may have a little soap dissolved in it; then when this region is completely cleared of all greasy matter, he uses the following lotion:

Sulphate of atropia, 2 or 3 centigrammes.
Water, 30 grammes.

He afterwards applies a copper plate of four or five centimeters in diameter, in communication with one of the poles of a Rhumkorff's medical coil, within five or six centimetres of the navel, in an upward and outward direction, the other exciter furnished with a wet sponge, is then moved from the hollow of the epigastrium to the plate, following the direction of the curves of the stomach. Five or six applications on each side generally suffice. These should be made as near as possible to the costal cartilages, without, however, touching them. The intensity of the current should be graduated according to the susceptibility of the patient, and the violence of the vomiting. It is sometimes advisable to use a small metallic pencil instead of the plate, in order to produce an energetic rubefaction, and an efficacious revulsion.

Since 1865, when Dr. Lecornat commenced these experiments, he has had an opportunity of repeating them in several hundred cases, on persons of both sexes and of every social position. His success has been nearly prompt and decisive.

Perhaps the means employed by Dr. Lecornat may be equally well adapted for checking the vomiting peculiar to pregnancy, but in this case attention to the effect of electricity on the general condition of the mother and child.

### General Science.

The deplorable accident which occurred a short time ago in the Place de la Sorbonne, was, as our readers are probably aware, caused by the explosion of a quantity of powder destined to charge submarine torpedoes. Since that occurrence, public attention in France has been extensively interested in the causes which brought it about, and the proper measures to be adopted to prevent the recurrence of similar accidents. The general press has given currency to the most erroneous reports of the origin of the explosion, and it is to set the matter right before the public, or at least, before that part of it best capable of judging of the matter, that we occupy your readers' attention with this subject.

The non-scientific press universally stated that the accident was due to the spontaneous ignition of picrate of potash, a salt, according to their reports, which can be scarcely touched or heated without exploding instantly. This is a grave error, which it is of moment to rectify, for we are persuaded that in no remote future the picrates are destined to play an important part in industry. Picrate of potash is by no means the terrible salt reputed. It can be struck or heated to 300 degrees without exploding This fact is so well established that Mr. Designolle, inventor of a new powder into the composition of which picrate of potash enters, has been authorized to conduct his experiments in the Bouchet powder manufactory, one of the most important government mills. If the substance were as dangerous as the general press represents it, it is very unlikely that Mr. Designolle would have obtained this privilege. The quality which has lately called attention to this salt of potash is that it produces when ignited an unusually large quantity of gas, and consequently possesses an enormous bursting power. To render its combustion complete, however, it must be mixed with nitrate or chlorate of potash, which burn the excessive carbon contained by the picric acid. With nitrate of potash the combustion of the picrate is slow, but nevertheless complete, a fact which permits its use as a constituent of an ordinary gunpowder, which is much stronger than that composed of sulphur, charcoal and nitre. With chlorate of potash it is complete and instantaneous. Picrate of potash, so combined, becomes an explosive powder, absolutely unfit for firearms, but excellent as a bomb charge, and above all for submarine torpedoes. The instantaneous explosion of the mixture of picrate and chlorate of potash which takes place on agitating, or the slightest elevation of temperature, is due especially to the chlorate of potash, a substance which can be hammered alone, and even pulverized in an iron mortar with a pestle of 70 kilogrammes, as we have seen ourselves a hundred times. Chlorate of potash, in combination with any organic substance, such as sugar or gum, is very easily exploded. It will be easily understood then, that, when mixed with an active substance, such as picrate of potash it becomes a very sensitive composition. It is thus to the chlorate and not to the picrate of potash that the mixture of these substances owes their peculiar susceptibility to explode, but it is the picrate which gives them the really fearful bursting power which they possess.

## DOMESTIC.

### Spontaneous Absorption of Cataract.

Editors Med. and Surg. Reporter:

I send you the following report of a remarkable case occurring in my practice. Aside from its novelty and rarity, I have never read any account of a similar case.

Mrs. W., æt. 60 years, has been afflicted with cataract the past nine years, and was totally blind.

Three months since I was requested to see her, as she was suffering from a severe attack of neuralgia in the supra-orbital nerves upon the left side, accompanied with inflammation of the eye.

In a few days, with appropriate remedies, the symptoms were relieved, and upon the subsidence of the inflammation, she remarked that she could see the light of day. At the time I did not attach much importance to the remark, and ceased my visits.

In a few days her husband informed me that the sight was still improving, and requested me to see her again.

I called to see her, and upon careful examination, observed that the opacity of the lens had undergone a change, and that rays of light were certainly transmitted to the retina. I tested her with many different objects; she then saw but indistinctly, and remarked that she saw everything double, and it appeared to her as if she could see through the object, and there appeared a blue blaze surrounding it.

I find that she can see much better when a few drops of atropia are put in the eye, and in place of the blue blaze, everything has a reddish tinge.

This seems to me to be a case of spontaneous absorption, brought about by the perturbing influence of the neuralgia.

As the right eye was not subjected to any such influence, there is consequently no change there.

With a view to her relief, as she now seems anxious for the full restoration of her sight, I have advised an operation upon the right eye, and let the left eye alone, to see what will be the result.

At present the improvement is still going on, and she can make out the features of her family and friends who are intimate.

I would be pleased to know if any of the subscribers or readers of your journal ever had a case similar, and the result.

I shall watch this case with a good deal of anxiety and curiosity, and report the final result to your journal. F. F. Gary, M.D.

*Cokesbury, S. C., May* 3, 1869.

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### Transfusion by Mader's Method.

Editors Medical and Surgical Reporter:

This operation, an account of which may be found in the Half-Yearly Compendium for January, 1869, under the head of "New Uses for the Hypodermic Syringe," has recently been performed twice in this city, by Dr. Joshua G. Allen, Lecturer to the Philadelphia Obstetrical Institute, assisted by myself.

In the first case the operation was performed for hydræmia consequent upon uterine hæmorrhage, and although I have not been able to get details of the progress of cure, yet I am informed that the patient recovered her health in a comparatively short time. As she had not improved at all under previous tonic treatment, which had been carefully carried out, but was scarce able to move in her bed from weakness, it is at least fair to call attention to a strong probability that the infusion of new blood was the turning-point in her battle with death, and enabled the other forces of digestion, assimilation, and *nutrition of the blood*, to rally, and carry the day in her favor.

This case has been described to the Philadelphia Obstetrical Society by Dr. A., and is probably the first in which this method has been used in this country.

The next case was one of purpura hæmorrhagica, and, on the morning after the operation, the blood which had been coming from the patient's mouth and nose, began, for the first time, to coagulate, and it finally ceased to flow. The hæmorrhage has recurred since, but the immediate effect of the operation was undoubtedly beneficial. One of the members of his family informed me that the transfusion had perceptibly benefitted the patient; and we know that it is not often that the laity are very favorably impressed with treatment which appears somewhat formidable.

In both these cases a nervous chill took place within an hour of the injection; this, however, passed off without leading to further trouble.

The operation was conducted as follows: Two bowls were placed in water at 105° F. The one into which the blood was to be received, had to be removed from the water, for convenience, when the blood began to flow; the latter was stirred smartly with a clean wisp of broom, as it fell into the bowl; by the time enough had been procured, it was nearly sufficiently defibrinated. It was then strained through a loose texture of linen into the other bowl, which still remained in the basin of heated water. A glass syringe, holding about three ounces, was now filled with

the defibrinated blood, the sharp, detached canula being simultaneously introduced into the cephalic vein a little above the elbow by the assistant, and the syringe was then attached to the canula, and emptied. In the last case the canula was left in, while the syringe was twice filled and emptied into the vein. In the first case about three ounces of blood were injected; in the last, about seven. It is not necessary to throw in a large quantity of blood, as a moderate quantity, say six to eight ounces, has been found quite sufficient for one operation, and this generally answers every purpose in cases of pure hydræmia; but in a case given by Mader, in which transfusion was performed for cachexia attended with epistaxis, it became necessary to repeat small transfusions three times, at intervals, before the patient was cured. Dr. M. was guided in the repetitions by the return of epistaxis. The healthy blood corpuscles thrown in among those which are enfeebled by disease, or from the want of nutrition which is an attendant on anæmia, supply that modicum of *organic power* which the latter need to *grow blood* in sufficient quantity for the purposes of health. The power of the new blood added to that of the old, which barely kept life going, turns the scale, the blood-making process goes on with renewed vigor, and soon the whole system responds to the stimulus and nourishment afforded by a healthy vital fluid.

The theory that transfusion properly acts by promoting the *growth of blood*, and not merely by substitution, is strengthened by several cases observed in Germany, in which the beneficial effects did not appear till three or four days after the operation, thus allowing time for the reproduction to go on. I would rather condemn the injection of large quantities of blood, as this has often been followed by death, while it is certainly not required, and therefore improper.

By Mader's method there is no danger of getting air enough into the circulation to do harm, and the defibrinated blood, if thrown in with anything like a reasonably short interval from its escape out of the healthy individual, frees us from the dangers of coagula and dead corpuscles. It has been suggested that we lose many corpuscles, which become entangled with the fibrin, but I do not consider this of any practical importance, as enough remains for our purpose, and we gain much by being able to go through the several steps of the operation, with more care than if hurried by the fear of coagulation. As I remarked before, no time is lost by the first part of defibrination; when about nine ounces of blood have flowed into the bowl, the stirring which has been kept up all the time has about accomplished its purpose; and the time which is lost in straining is amply compensated by the freedom from all fear of coagula.

It is well to bind up the patient's arm, as for venesection, just about the time when the incision is made into the vein of the individual who furnishes the blood; the canula should be pushed through the integument and into the vein at one motion, as soon as it is announced that the syringe is being filled; the cephalic vein is the most convenient, but any superficial vein may be used; it is well to allow a few drops of blood to come from the canula, so as to assure ourselves that the canula is really in the vein, then loosen the tape from the patient's arm, and about this time the operator should be ready to throw in the blood. All the steps of the operation can be performed without hurry, but with *efficient* haste, before the blood is too long exposed for safe use; and in our last case a little delay even occurred in introducing the canula, but the blood remained perfectly good; and what little was left in the bottom of the bowl was apparently fit for use, though it had been exposed over five minutes.

I would recommend the use of a very *sharp* canula, about the thickness of a medium knitting needle, and slightly curved at its lower third; if not quite sharp, some difficulty will be experienced in getting into the vein as quickly as desirable.

Should any delay occur in applying the syringe after the canula is introduced, a finger applied over its outer end will keep the air from entering; if the delay is long, the canula must be removed and cleansed from clot; never attempt to insert the canula into the previous puncture, but choose a fresh spot.

The two cases above-mentioned, though not conclusive as to the final result in them, yet show us that by Mader's method this operation is robbed of its terrors and dangers; and we have sufficient testimony from other sources of the value of transfusion, if it can be safely performed.

A. A. Hœhling, M D.,
U. S. Navy.

—— Mr. T. Hoare, the well known banker, is building an Infirmary and Dispensary at Beckenham, Kent, England, to which baths and wash-houses will be attached for the gratuitous use of the inhabitants of the neighborhood.

—— The agent of the Lyman Mills, at Holyoke, Mass., has compelled all the operatives, about 1,200 in number, to be vaccinated.

# News and Miscellany.

### Analysis of Lager Beer.

Prof. J. F. Chandler, of the School of Mines, of Columbia College, has recently concluded a series of chemical tests with lager beer, which were expressly undertaken at the request of Dr. Elisha Harris, of the Board of Health, to ascertain the extent of its intoxicating properties, and the hygienic character which it has been represented to possess. His report, which will shortly be submitted to the Board, is eminently successful in proving that the qualities which have been ignorantly assigned to lager beer are only fictitious, and also that it is entirely objectionable as a drink, being like so much swill in its composition and nourishing properties. It is composed chiefly of water, with a certain amount of alcohol, enough to cause intoxication when copiously imbibed. During the brewing of the beer, which, if properly done, occupies eight months, the brew commencing in cold weather, great care has to be taken to prevent its becoming mouldy, which it sometimes does by the slightest variation in temperature. It is necessary to cool the brewing-vault in summer and warm it in winter, in order to keep it at the requisite temperature, averaging from 41 to 45 degrees Fahrenheit. Frequently, however, the weather continues to act on the beer after it has been barreled and sold to retail dealers, rendering it flat and bitter, in which condition it is very often sold as a drink. Prof. Chandler's analyses embraced five samples of different manufactures, which, when examined, developed trifling and unimportant differences in their quality. The following is the summarized result:

| No. | Specific Gravity. | Water. | Alcohol by volume. | Extraction matter of the Malt and Hops. |
|---|---|---|---|---|
| 1 | 1 008 | 90.75 | 6.25 | 3.00 |
| 2 | 1.006 | 89.98 | 4.99 | 5 03 |
| 3 | 1.008 | 91.59 | 5.39 | 3.02 |
| 4 | 1.018 | 89.61 | 4.99 | 5.40 |
| 5 | 1.005 | 87.16 | 7.74 | 5 10 |
| Average | 1.013 | 89.82 | 5.86 | 4.32 |

It was found that all the specimens contained small quantities of grape sugar, of cripuline, the bitter principle of the hops; of acetic acid, (merely a trace,) produced by oxidization of some of the alcohol; and of carbonic acid gas generated during the fermentation. A most thorough examination failed to reveal any indications of the presence of picric acid, picratoxen, (the peculiar principle of cocculus Indicus,) of alum, copperas, or any other adulteration whatever.—*N. Y. Tribune.*

# Army and Navy News.

The following changes have taken place in the Medical Staff of the U. S. Army from January 1, 1869, to May 1, 1869.

Re Instated.—Assistant Surgeon P. J. A. Cleary, March 8, 1869.

Resigned.—Surgeon C. Wagner, Brevet Lieutenant Colonel, March 25, 1869.

Retired.—Surgeon R. C. Wood, Brevet Brigadier General, February 22, 1869.

Assistant Surgeon H. Culbertson, January 8, 1869.

Wholly Retired.—Assistant Surgeon H. C. Perry, March 30, 1869.

Died.—Surgeon R. C. Wood, Brevet Brigadier General (retired) March 28, 1869, at New York city, of Pneumonia.

Assistant Surgeon W. A. Bradley, Brevet Major, February 27, 1869, at Point San Jose, San Francisco Harbor, of Convulsions.

Surgeon Thomas L. Smith, has been ordered to the New York Navy Yard.

Surgeons E. D. Kennedy, B. H. Kidder, and William Grier have been appointed to attend officers of the Navy not otherwise provided with medical aid at New York, Boston, and Baltimore respectively.

Surgeon T. J. Turner is detached from duty as Recorder of the Medical Examining Board, to hold himself in readiness for sea service.

—— Dr. B. W. Richardson has been elected Assessor in the University Court of the University of St. Andrews, in the place of Lord Jerviswode.

*[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

## MARRIED.

Cilley—Hubbard.—On the 26th ult., at Sunnyside, Ky., by the Rev. H. A. Tracey, Dr. J. L. Cilley, of Cincinnati, and Miss Mary P. Hubbard, formerly of Philadelphia.

Jump—Smith.—In Dover, Del., on the 4th inst., by the Rev. William Pretyman, Dr. Robert P. Jump and Miss Lizzie M. Smith, only daughter of James L. Smith, Esq.

Newton—Peak.—At Woodstown, N. J., April 29, by Rev. E. Green, Charles Newton, M. D., and Miss Rebecca D., daughter of Morris Peak, Esq., all of Sharpstown, N. J.

Leary—Willard.—On the 28th ult., at the residence of the bride's parents, by the Rev. J. Hervey Beale, C. W. Leary, M. D., and Lizzie S. Willard, both of this city.

Piper—Jackson.—At the M. E. Church, Rock Island, Charles Piper, M. D., and Sarah Anna Jackson, daughter of Major S. P. Jackson, all of Moline.

## DIED.

Randolph.—In this city, on the 5th inst., Philip Physick Randolph, son of the late Jacob Randolph, M. D.

## OBITUARY.

### Dr. Robley Dunglison.

At a stated meeting of the College of Physicians of Philadelphia, held May 5, 1869, the following preamble and resolutions were unanimously adopted:

*Whereas*, This College has heard, with unfeigned sorrow, of the death of Dr. Robley Dunglison, late one of its most illustrious members, and for upward of thirty years Professor of the Institutes of Medicine in the Jefferson Medical College of this city; *and whereas*, it is meet and proper, on all suitable occasions, to recognize the just claims of the dead to the gratitude of the living, especially when, as in the present instance, they have occupied a conspicuous place in the public eye, and in the esteem of their fellow men; therefore,

*Resolved*, That in the death of Dr. Dunglison, the American medical profession has lost one of its brightest ornaments, the professional corps one of its most distinguished members, physiological science one of its most able expounders, and medical literature one of its most useful, erudite, and abundant authors.

*Resolved*, That as as a tribute of respect to his memory, for the benefit he has conferred on his profession and his country, a discourse upon his life and character be delivered by one of the Fellows of the College, at such time as may be most convenient to himself.

*Resolved*, That a copy of these resolutions be transmitted by the Secretary of the College to the family of the deceased, with the expression of our condolence in their bereavement, and that the same be published in two medical journals of this city.

John H. Packard,
Secretary of the College.

### Philip Physic Randolph.

This worthy gentleman died at his residence, in the 45 year of his age. Mr. Randolph was the grandson of the celebrated Dr. Philip Syng Physic, and his father, Dr. Edmund Randolph, was a prominent member of the medical profession. Heir to an ample fortune and high social position, the deceased devoted his wealth, his influence, and the best years of his life to alleviate the miseries and misfortunes of his less fortunate fellows. He was an active member of the Society for the Alleviation of the Miseries of Public Prisons, and one of the managers of the Colored Soldiers' Orphans' Home, at Bristol. In the discharge of his self-imposed duties at one of the prisons or the asylum, the deceased contracted the typhoid fever, and this disease hurried him to an untimely grave.

Mr. Randolph was a philanthropist, zealously devoting himself to promote the welfare of his fellows; he sought neither popularity nor gratitude; he performed good and noble deeds as his simple duties.

## WORDS OF CHEER.

*Dr. L. W. D., of South Carolina*, writes:

"Your Compendium is certainly the most complete publication of its kind I have ever seen, and I pore over its richly stored pages with eager delight and intense interest and *satisfaction*," etc.

*Dr. J. R., of Indiana*, writes:

"I have been reading medical periodicals for over thirty years, and think the Reporter decidedly the best that I have found. I think it is nearer what the physician needs than any I have seen."

Dr. R. backs up his good opinions with three new subscribers.

## QUERIES AND REPLIES.

*Dr. M., of Ky.*—Meig's Obstetrics costs $5.00.

*Dr. M. C., of Mich.*—We do not know the name of the judge who pronounced the decision in Chicago, that medical witnesses were entitled to the fees of an expert. The item was culled from the *Leavenworth Medical Herald*, whose editors, we hope, will inform the profession fully about this important ruling.

*Dr. W. S., of Me.*—For a Practical Surgery, we know of none better than that of Prof. Gross. It has a full account of tumors. For a Practice of Medicine, we recommend you to add to those you mention, that of Prof. Bennet, of Edinburgh, republished in this country.

*Dr. B., of Oregon.*—Your remarks about our "running the Christian religion too much in the Reporter," betray a mind "ill at ease." The connection between science and religion is far too close for us to ignore it. We would be but faithless representatives of any branch of science, if we did not give its handmaid, religion, its proper place. While the Reporter is under our control, we shall endeavor, on all proper occasions, to recognize this connection.

*Dr. J. J. B., of Delaware, and others.*—Please observe that the photograph premiums are offered to new subscribers who pay *full subscriptions*, and not at commutation rates.

*Dr. L. W. D., of South Carolina.*—If there are any manufacturers of invalid beds in this country, they are too short-sighted to advertise, and we do not know where they are. The English journals constantly advertise such contrivances, and apparently make it pay.

*Dr. J. K. S., of Pa.*—"How do you account for the fact that a bee, such as the wasp, humble bee, etc., is not able to sting, or effect penetration, so far as I have experienced, with their probe or barb into the cuticle, when the subject ceases to breathe, or holds his breath?"

Your observation is entirely new to us, and equally inexplicable. We should be glad to learn whether the experience of others is like your own.

### Treatment of Hæmaturia.

*Messrs. Eds*—An octogenarian, a person of remarkable vigor of constitution, about a year ago was attacked with bloody urine. The usual remedies were administered, and well persevered in, but failed to correct the abnormal discharge. But it yielded speedily to doses of acetate of lead in about four grains given every four hours, and copious draughts of *lemonade*. Would *liquor potassæ citratis* have had the same specific effect? Not a symptom of the disorder has ever returned."

*Hosp. Steward C. T. S., of Montana, and others.*—Dr. Napheys informs us that his Therapeutical Bulletin will appear in book form toward the close of the present year.

*Dr. H. D. W., of Pa.*—"How is it that Dr. Babcock's uterine supporter is advertised in your valuable Reporter, the Reporter belonging to the regular profession, and the instrument in question being a patented one? No doubt the instrument is a good one, from what I am able to ascertain, but then, if I am not mistaken, it is against the ethics of the American Medical Association to patronize patented instruments, and hence I cannot exactly reconcile the matter."

Such a question is best answered in the traditional Yankee manner—by asking another. How is it that the American Medical Association admits to its pages an article strongly in defence of patented instruments, and this, not from an individual or special committee, but from a standing committee, the responsibility of which the Association impliedly assumes? But we design ventilating this whole question sometime soon in an editorial.

## METEOROLOGY.

| April, | 26, | 27, | 28, | 29, | 30. | M. 1, | 2. |
|---|---|---|---|---|---|---|---|
| Wind | S. W. | W. | S. W. | N. E. | E. | N. E. | N. E. |
| Weather | Clear. | Clear | Clear. Rain. t. & l. | Cl'dy. Rain. | Cl'dy. | Cl'dy Rain | Cl'dy. Rain. s. & h. |
| Depth Rain | | | 8-10 | 6-10 | | 7-10 | 1 3-10 |
| *Thermometer.* | | | | | | | |
| Minimum | 45° | 50° | 58° | 55° | 39° | 38° | 39° |
| At 8, A. M. | 60 | 69 | 67 | 61 | 49 | 49 | 44 |
| At 12, M. | 70 | 77 | 75 | 54 | 58 | 46 | 42 |
| At 3, P. M. | 72 | 78 | 77 | 55 | 59 | 48 | 45 |
| Mean | 61.75 | 68.50 | 69.25 | 56.25 | 51.25 | 45.25 | 42.50 |
| *Barometer.* | | | | | | | |
| At 12, M. | 30. | 30. | 30. | 30. | 30. | 29.9 | 29.4 |

*Germantown, Pa.* B. J. Leedom.

JUN 2, 1869.

THE

# MEDICAL AND SURGICAL REPORTER.

No. 638.] PHILADELPHIA, MAY 22, 1869. [Vol. XX.—No. 21.

## Original Department.

## Communications.

### BLEEDING IN PUERPERAL CONVULSIONS.

By James Rubey, M. D.,
Of Union City, Indiana.

I have been much interested in reading the many cases of puerperal convulsions reported in your excellent papers, the Medical and Surgical Reporter and the Compendium, and the various modes of treatment. I have been practising medicine a little over forty years, and the first twenty years of that time I used all means that were recommended in our books, used them as they were recommended, and sometimes without very satisfactory results. Thinking it might be interesting to some, and perhaps an advantage to the young practitioner, I have concluded to report a few cases, and the result of the treatment I gave. For the last twenty years I have mostly depended on copious blood-letting with entire satisfaction.

I see a case reported by Dr. Martindale in the Reporter of February 6th, 1869, which I think is tending in the right direction; the treatment recommended by Professor Reamy, of Zanesville, I think is excellent.

Mrs. Hage, aged 19 years, medium height, stout and heavy built, had always enjoyed good health, except some headache for the last few months; something over eight months advanced with first pregnancy.

November 25th, 1853, I was called to see her. When I arrived she was struggling in a convulsion, which was the fifth that she had had in two hours. They recurred about every twenty-five or thirty minutes; pulse frequent and very strong; the action of the heart and carotid was marked; tongue protruded and badly bitten. Breathing stertorous, the lips covered with bloody froth; no uterine contractions. I opened a vein in her arm, letting the blood flow until there was a decided impression, and until the pulse faltered two or three times, and the skin was covered with perspiration; she was approaching and near syncope. As soon as she would bear it I had her head elevated, cold applications applied and stimulating poultices to the extremities. She could not swallow. I saw her twelve hours after; she had no return of the convulsions, but was still unconscious; twelve hours after, no convulsions; found her conscious; reaction had become pretty well established, and I repeated the bleeding, which I now think was unnecessary. I then gave her laxatives, and she got up in a few days.

I advised Mr. H. to notify me at the first approach of labor, which he did; as soon as I arrived I bled her freely; she passed through her labor without an unpleasant symptom.

I attended the same lady in three confinements afterwards. She would commence complaining of her head at the end of the seventh and eighth months. Then, and at the first approach of labor I bled her, and she always passed through safe, nor had she a return of the convulsions.

Mrs. B., aged 21; Dr. L. in attendance; she gave birth to her first child 9 o'clock, A. M.; at 10 A. M., was attacked with convulsions; I was called in at 5 P. M.; she had had nine convulsions in that time; the Doctor had cold applications to her head, and was holding a stick between her teeth to prevent her biting her tongue; she was unconscious and stertorous; could not swallow; her mouth covered with bloody froth; she was rather a delicate woman; I opened a vein in her arm and let the blood run until I could barely feel the pulse, and the body was covered with perspiration; continued the cold applications to the head and not to the extremities. She had no return of the convulsions; became conscious in twenty-four hours from the time I first saw her. She got up soon, and has enjoyed good health since.

Mrs. O., aged 20 years; robust make; had always enjoyed good health; seven months advanced with first pregnancy. On the morning of the 6th of November 1868, complained of head ache; and about 9 o'clock, A. M., was

attacked with convulsions; Dr. H., was called in immediately; convulsions came on every twenty-five or thirty minutes. I was called in and she was struggling in the fourth convulsion; at the time I arrived, the Doctor had cold applications to the head and hot sinapisms to the extremities; she was unconscious, and could not swallow. Her pulse was one hundred and twenty, very full and strong; the action of the heart so violent that it shook the bed on which she lay. The lips were covered with bloody froth. I bled her, and we used a common sized wash basin to catch the blood. We let it run until the pan was full. I kept my finger on the pulse, and not being satisfied, I removed the pan and let the blood run in another vessel. I think we bled her near three quarts. It ran until the pulse was barely perceptible. As soon as reaction came up a little, we elevated her head and continued the cold applications and sinapisms to the extremities. As soon as she could swallow we gave ten grains bromide of potassium every two hours. She became conscious in twelve hours, and had no return of the convulsions. She got up in a few days feeling quite well, except somewhat weakened from the loss of blood. About two weeks after she was taken in labor, and miscarried. The child had the appearance of having been dead for some time, probably from the time she had the convulsion.

I could name a number of other cases where I bled to the same extent with the same results. I have not had a case of eclampsia in the last twenty years, where there was a recurrence of the convulsions after blood-letting, and have not repeated the bleeding in any case except the first named. I take up my lancet with as much confidence when I am called to a case of puerperal convulsions as I do my quinine bottle in intermittent fever, and would here say to the young practitioner, when you are called to a case of eclampsia, bleed freely, and you will have no cause to regret it. Altogether, you may have opposition at the time, as bleeding has become somewhat unpopular in many places. The friends may object, and tell you that you will bleed the patient to death, as they have told me at different times, but recollect they look to you to give relief, and you have the responsibility of the case resting upon you; so I advise you not to be deterred from your duty. I would here say, watch the pulse closely, and do not stop the blood as soon as the pulse begins to sink, but let it run until the patient is very closely bordering on syncope, until you have reduced the action of the heart and carotid arteries, and I think you will not find it necessary to repeat the bleeding. I think a patient will bear the loss of more blood in eclampsia than in any other disease with beneficial results.

## SPOTTED FEVER.

By Frederick Horner, Jr., M. D.

This disease prevailed at two hospitals and the Almshouse in Washington, D. C., in 1864—'65. Each time was it epidemic and very fatal to the inmates and officers of these institutions. Surgeon Liddell, U. S. A., who was stationed at Stanton Hospital, reported the first cases. The prominent features of the fever at the Almshouse and at the Hospital to which I belonged, were sudden pain in the limbs, spine, and head; dark spots on the skin; fever and great cerebral excitement. The disease was said to have been brought from the camps, at the time very numerous in the vicinity of the city. At Stanton Hospital it first appeared in midsummer. The mortality was so large that for weeks the hearses were constantly in demand. There appeared to be more burials than admissions. The carpenter was unable to furnish coffins, and the stench from the bodies borne along Pennsylvania Avenue was remarked upon by the most casual observer. The fever became truly a pestilence which war brings, and was "an evil pursuing men until they perish."

With respect to the history of spotted fever, we have scriptural authority that the Almighty sometimes smites a nation with fever. In 1505, the German writers affirm that it prevailed over the greater part of Europe, followed by the plague. We can also trace it, under the name of hospital, jail, and putrid fever, during the last century, following the train of the great European armies. The Germans call it kriegspest and pestis bellica. W. D. Baldwin, M. D., comes out boldly, and defines the affection in this country "to be a distinct disease," *sui generis*, and better entitled to this distinction than any other appellation. He adds, "No one can watch its progress and study its history, without being fully convinced that it is a most dreadful and fatal malady, coming 'like a flood of mighty waters,' and bringing along with it all the horrors of a most dreadful plague." The symptoms he describes are, "a long and severe chill, with the surface remaining cold and mottled, (the earlier the appearance of petechiæ, the more fatal their indication); rigidity of limbs, with agonizing pains in the extremities, head, and stomach;

great prostration; fits of syncope and coma. When all these symptoms are present, the case may be considered as hopeless." Thus writes an author of "spotted fever," as it existed in Alabama. I have seen a single case in Virginia since the war.

The pathology of the disease leads to the suspicion of blood poisoning. At a hospital, patients should be removed to tents erected in the yard. Active cathartics should be resorted to, aided by the supporting treatment, alcoholic stimuli, bitter wine of iron, and opiates; frictions of spirits of turpentine and cloths wrung out of hot water, and mustard applied over the trunk and limbs. To correct the fetor arising from a combination of odors due to exhalations from the body, decay, and cooking, chlorine and lime-water are best.

The following prescription was used with advantage.

| | | | |
|---|---|---|---|
| R. | Potass. chlorinatæ, | ʒij. | |
| | Acidi muriatici, | f.ʒj. | |
| | Aquæ destil., | f.ʒij. | M. |

Two drachms of this mixture were added to a pint of water, of which a tablespoonful was given to an adult every three hours.

# Hospital Reports.

Pennsylvania Hospital,
*Philadelphia, May 5th*, 1869.

Clinic of Prof. J. Aitken Meigs.

Reported by Dr. Napheys.

## Rheumatoid Cases.

Rheumatism is a very common and a very serious disease. It is not serious in itself, for seldom does it prove fatal in its first attack, but serious through its results, laying the foundation of a great deal of trouble for the future. It becomes therefore a very interesting matter to study these results. A great many people in the community are rendered helpless, incapacitated from the performance of duties, in consequence of the effects of this disease.

Acute rheumatic fever, articular rheumatism as it is called, is very apt to attack the joints; some one of the large or small joints or many of them being affected either simutaneously or in succession; oftentimes the effusion is very great. The joint is rendered immovable for a time. The acute symptoms gradually disappear; but although the patient gets about, still, in many instances, some trouble in the joint is left behind, there is a tendency to return of pain on exposure to cold and dampness combined. Then again rheumatic fever is exceedingly liable to produce disease of the heart, pericarditis or endocarditis and valvular disease. Little by little the valvular affection, by its interference with the circulation of the blood, causes hypertrophy of the heart and subsequently dropsical affections—a train of symptoms very difficult to manage in their chronic form. Then again, the muscular substance of the heart itself may be affected, giving rise to a great deal of dyspnœa, sometimes to sudden and fatal collapse. Cases of sudden death in rheumatism often occur in this way. The pleural membrane is attacked less frequently than the serous membranes of the heart. Pleurisy from this cause runs the ordinary course of that contracted from cold. Inflammation of the peritoneal membrane happens much more rarely as a complication in rheumatism. There is a certain liability to inflammation of the serous investments of the brain and spinal cord, giving rise to cerebral and spinal meningitis. This inflammation may result in thickening of the fibrous tissue covering the anterior and posterior roots of the spinal nerves and consequent impairment of motion and sensation. In young children choreic symptoms are apt to follow upon rheumatism, giving much trouble and lasting a long time.

*Case* 1. John F., æt. 45, seaman; of strumous habit; states he has always been healthy; presents remains of recent chancre on penis, and lymphatics in left groin infiltrated. He denies, however, any syphilitic taint.

There is nothing which requires more care in making out a diagnosis in rheumatic cases than the inquiry into the history. Many times the history and not the symptoms will have to determine ultimately the diagnosis. This man has been in the hospital ten days. Three days before admission his sickness began with pain in the left hip joint, which did not swell. When admitted, the left knee-joint was swollen; pulse strong; skin hot; tongue heavily coated; sordes on the teeth; bowels constipated; urine, sp. gr. 1015, acid, deposit of phosphates and amorphous materials. He was put on the use of bromide of ammonium, fifteen grains every four hours, with milk punch and good diet.

Although he has had a chancre, the symptoms point to this case being really one of acute rheumatism, superadded to his old trouble.

The pathology of rheumatism is unsettled. There are two prominent views. The older writers Cullen, and others, and even some of the present day, assert that the fibrous tissues

about the joint are the real seats of the trouble, that it is not essentially a blood disease, but merely a local trouble. But this view is now abandoned in great measure. Most observers regard the disease as a blood affection, although the condition of the blood is by no means determined. Prout suggested the idea some years ago of there being lactic acid in the blood. But this has not been demonstrated. Dr. Richardson the eminent physiologist of London, performed some experiments of this character. He injected lactic acid into the peritoneal sac of dogs and other animals, and discovered very soon after inflammation of the serous membranes of the heart. Effusion of serum took place in the peri cardium; upon the endocordial surface coagulable lymph was poured out, the valves became encrusted, and the cases closely resembled the results of rheumatic affections. This by no means definitely settles the point; other acids may produce the same effects. All that is really known of the pathology of the disease is that the history of the cases points strongly to a morbid condition of the blood, the fibrin of which is very much increased in quantity. There is no special characteristic condition of the urine in these cases. Generally there is a large quantity of urea and urates, and this is also true of other febrile affections. The great general disturbance, the extraordinary fever, the copious sweating of an acid character, often with a very slight affection of the joints, all point to a constitutional condition, the articular and heart troubles being results or accompaniments of the disease.

Various methods of treatment have been advocated. Venesection has now gone out of vogue. It was supposed at one time to be a great remedy. The physician maltreated his patient if he did not resort to it. But experience has shown that the abstraction of blood in large quantity, generally or locally, prolongs the duration of the case. It diminishes the suffering during the attack at the expense of its duration. Since the publication of Dr. Todd's work on acute diseases, in which he combatted the use of the lancet, it has ceased to be employed.

Colchicum is often used, but it has very little influence over the acute affection, according to the best clinical observers. It acts as a depressant like blood-letting.

Mercury has been given but not so often as formerly. It was supposed that this agent was absolutely essential in treating the cardiac com plication. In some instances it is still resorted to, but the tendency to use it is growing less and less in the profession.

The alkaline treatment is the one now mostly employed by physicians, not only in private but in hospital practice. It is strongly advocated, and it certainly seems by its eliminative power over the kidneys, to get rid of the morbid material in the blood giving rise to the disease. Better results have been obtained than by any other treatment. Garrod combines quinine and bicarbonate of potassa, soda or ammonia together. He gives thirty grains of bicarbonate of potassa and five of quinine every four hours, keeping up the treatment steadily for some days. Many cases of rheumatism, which have been treated expectantly, have run through the disease as favorably as when medicinal treatment was used. Therefore, great care should be exercised in coming to a conclusion as regards the effect of medicine in this disease.

Bromide of ammonium has been used of late experimentally in this hospital, under the general impression that it shortens the duration of the case and of the subsequent period of debility, and lessens the tendency to cardiac disease. Dr. Meigs has not observed any special advantage it exerts over the alkaline treatment. But every judicious physician will treat cases according to their symptoms and complications.

*Case* 2d. This very interesting case, in a woman, illustrates the dyspnœa which occurs during rheumatism, when the muscular tissue of the heart itself is affected. The patient had an attack of rheumatism in February last, and was sick for three weeks. Her present attack came on two weeks ago. There is a great deal of dyspnœa. No rubbing sound, indicating pericardial trouble, nor any murmur indicating endocarditis can be discovered. On taking hold of the wrist, it is found that the pulse loses the third beat; two rapid contractions and the third is lost. There is irregular action of the heart itself. The systolic movement seems as if it were divided into two imperfect beats, not one decided, emphatic stroke, as in health. There is a good deal of tumultuous action of the heart.

In every acute rheumatic case, it is the bounden duty of the physician to examine the heart day after day. A patient with a great deal of dyspnœa and an irregular sort of pulse, is one to be watched over closely, for the simple reason that there is then a liability to sudden collapse. If the physician is not on his guard, and does not state to the relatives of the patient the danger, he will never be forgiven if the case happens to go off suddenly during his absence, and after he has said it is going on well.

*Case* 3d. This case, of some interest, illus-

trates what is called by Garrod, rheumatoid arthritis. It is what is commonly known as rheumatic gout. It is a disease attacking the joints also, although not ushered in, generally speaking, by acute symptoms.

Henry D., æt. 27. Admitted four weeks ago. Always healthy; of healthy parentage. Ten days before admission felt severe pain in both knee-joints, which did not swell. One week afterward his left ankle-joint became painful and began to swell. On admission, tongue coated, bowels constipated, skin hot and dry. Present condition much improved, pain lessening, gaining health and strength. Dry crepitation can be detected in the left ankle-joint on moving it. His temperature rises considerably in the evening. Urine, sp. gr. 1020; triple phosphates; no deposits; no albumen, which sometimes appears in rheumatic disease, but which is not characteristic of the affection.

He has been placed on bromide of ammonium, fifteeen grains every four hours, and Huxham's tincture of bark. Subsequently a drachm of the ammoniated tincture of guaiac in milk, *ter die.* Good diet, four ounces of milk punch a day, and blister over the ankle.

Garrod affirms that in this form of disease, there is never in the blood any uric acid, above the trace which exists in health. From the blood of the gouty patient crystals of uric acid are invariably obtained upon a thread placed in a mixture of the serum of the blood, or of the fluid from a blister, with acetic acid, in the proportion of six minims of the acid to each fluid-drachm of the serum. Thus a positive differential point between these two affections is obtained. He separates it from rheumatism by the fact that in rheumatism the affection is generally preceded by acute febrile attacks, copious sweating, with acid acrid discharges from the skin, which is not the case in this disease. There may be acute symptoms but rarely, and they are not accompanied with copious perspiration. Again, in rheumatism the effused serum is gradually absorbed, and there is no disorganization of the joint. But in this rheumatoid disease, the tendency is to a very serious affection of the joint. There is not only an effusion of serum, but the cartilages covering the head of the bone are absorbed, the hard dense surface of the bone also, becomes impaired; and, finally, the cancellated structure is exposed, and anchylosis is very apt to take place. Fine crepitus does not follow true articular rheumatism. In acute rheumatism the joints are affected erratically, and get well often suddenly, metastasis, usually symmetrical, taking place. But in rheumatoid arthritis one joint is affected after another, the first still remaining anchylosed.

Rheumatoid arthritis generally comes on in individuals broken down in health, who have been subjected to deprivation of light, to loss of rest at night, etc., and other circumstances which tend to depress vital power. Therefore the prognosis is worse than in the articular affection of true rheumatism, simply because the system is already deteriorated very much. The cases require tonics, good diet, and stimulus. The ammoniated tincture of guaiac seems to have more influence over these cases than alkaline remedies, and it appears to increase the capillary circulation. giving warmth to the extremities. Huxham's tincture of bark will now be added to his treatment.

*Case* 4th. Colored girl, æt. 17; native of West Indies; always healthy; of healthy parentage; never had rheumatism before. Two weeks prior to admission, the left elbow-joint was affected, and then, in twenty-four hours, the right knee. Received no treatment. On admission, anæmic in appearance, right knee-joint swollen, painful to the touch, and fluctuating on palpation. At the present time much improved; effusion subsided; bowels normal; sleeps well; complains of some pain in the left ankle, which is not swollen. Urine, sp. gr. 1016; tripple phosphates, with granular urates; no casts; no albumen. No murmur about the heart. At one time there was some evidence of a murmer there, which appeared, however, to be due to anæmia, not to valvular disease.

She has been on the usual treatment of bromide of ammonium, 15 grs. every four hours. Yesterday she was ordered quinine and iron; two grains of the former, and ten drops of the tincture of the chloride of the latter, *ter die.* Also beef essence, good diet, and some wine. The knee has been blistered, and the effusion is going away. In a little while, with constitutional tonic treatment, she will be well.

### Hypodermic Use of Ergot in Aneurisms.

The *Berliner Kl. Wochenschrift*, March 22d, 1869, says:—

"Von Langenbeck, of Berlin, reports two successful cases, in which the above treatment was pursued. Operative interference was impracticable, and he made hypodermic injections of fluid ext. of ergotæ, with excellent results; the patients being almost entirely cured at the date of report. He strongly recommends the method to the attention of others."

# Medical Societies.

## ASSOCIATION OF MEDICAL EDITORS.

During the sittings of the American Medical Association at New Orleans, a meeting of Medical Editors was held, and an Association formed. Through the kind attentions of Dr. W. S. Mitchell, of New Orleans, who was elected Permanent Secretary, we have received the following account of the meeting.

It will be noticed that the following Journals were represented at the meeting. The *New Orleans Journal of Medicine*, the *Richmond and Louisville Medical Journal*, the *Nashville Journal of Medicine*, the *Chicago Medical Journal*, the *St. Louis Medical and Surgical Journal*, the *St. Louis Medical Reporter*, the *Galveston Medical Journal*, and the *Detroit Review of Medicine and Pharmacy*—eight in all.

*Wednesday, May 5th*, 1869.

Pursuant to adjournment from the preliminary meeting on Tuesday, the meeting of Medical Journalists was called to order at 8 o'clock. P M., by Dr. N S. Davis, of the Chicago "Medical Examiner."

The Committee on Organization, through their Chairman, Dr. Theophilus Parvin, of the "Western Journal of Medicine," then presented the following preamble and plan of organization, which was unanimously adopted:

"The editors of medical journals in the United States, desiring to cultivate professional courtesies, to facilitate the conduct and general management of our journals, to promote their interests, their usefulness, and make them a still greater power for professional and popular good, and especially to advance the interests of medicine, hereby unite together under the following

ARTICLES OF ASSOCIATION.

*Name.*—The Association of Medical Editors.

*Purposes.*—The cultivation of friendly relations, mutual assistance, community of effort and means, where practicable, in a system of receiving foreign exchanges, and of sending our own journals abroad; in urging, with hearty concert, improvements in the present system of medical education, and a higher standard of preliminary education of those who desire to enter upon the study of medicine; the collection of vital statistics; the collecting of the names of all the regular physicians in the United States, age, place, and date of graduation, if a graduate; also, the same in reference to gradution at literary institutions, if such a graduation has taken place.

*Meetings.*—These shall be held, commencing at 10 A.M., on the day preceding, and at the place of the annual meeting of the American Medical Association.

*Officers.*—President, Vice President, Permanent Secretary, and Secretary.

The President, Vice President, and Secretary shall be elected annually, and shall serve at the meeting of the succeeding year.

Committees shall be appointed where necessary for the carrying out of any of the special purposes of the Association.

These resolutions having been signed by the following delegates—Dr. N. S. Davis, Chicago Medical Examiner; Dr. Jas. M. Holloway, Richmond and Louisville Medical Journal; Dr. Wm. M. McPheeters, St. Louis Medical Reporter; Dr. W. R. Bowling, Nashville Journal of Medicine; Dr. J. Berien Lindsley, Nashville Journal of Medicine; Dr. Greensville Dowell, Galveston Medical Journal; Dr Samuel Logan, New Orleans Journal of Medicine; Dr. S. S. Herrick, New Orleans Journal of Medicine; Dr. E. W. Jenks and Dr. Geo D. Andrews, Detroit Review of Medicine and Pharmacy; Dr. W. S. Mitchell, New Orleans Journal of Medicine, and Dr. S. M. Bemiss, New Orleans Journal of Medicine—the officers, as follows, were unanimously elected:

President—Dr. N S. Davis.
Vice President—Dr. W. M. McPheeters.
Permanent Secretary—Dr W. S. Mitchell.
Secretary—Dr. J. Berien Lindsley.

The following resolutions were unanimously adopted:

That a Committee on Foreign Exchanges be appointed, to consist of Dr Parvin, as Chairman, and the Permanent Secretary.

That the Permanent Secretary be instructed to correspond with such regular medical journals of the United States as are not now represented, informing them of the objects of the organization, and inviting their co-operation.

That a Committee, consisting of Drs. Bowling, Dowell and Andrews, be appointed on the Registry of Physicians.

That Dr. Holloway be appointed a Committee on Revision.

That the President deliver at the next meeting an address on the history, progress, etc., of Medical Journalism in this country, and that the members of the Association furnish to him such material and information as they may be able to obtain.

That besides the members already signing the constitution, all physicians connected with regular medical journals, be considered members upon signifying, in writing to the Permanent Secretary, their willingness to subscribe to the foregoing articles of agreement, until opportunity be afforded them of signing said articles.

That the President be requested to announce to the American Medical Association the formation and objects of this Association.

That these minutes be furnished to the secular papers, with a request that they be copied.

That Dr. Holloway be appointed a Committee to arrange a general plan of communication between medical journals.

That the Committee on Exchanges be instructed to arrange some general plan for the establishment of agencies in all the principal cities.

There being no further business, the meeting adjourned.

# EDITORIAL DEPARTMENT.

## Periscope.

### Treatment of Rheumatism.

In the *British Medical Journal*, Dr. HENRY KENNEDY has some remarks on the treatment of acute rheumatic fever. They are as follows:—

Within a brief period a very interesting discussion, relating to the treatment of rheumatic fever, took place at the Royal Medical and Chirurgical Society of London. The point dicussed was, however, one of more than ordinary moment, being neither more nor less than the question whether art has any means at command, by the use of which the duration of the disease could be shortened. One party maintained that the disease, if treated only with mint-water, would terminate in about ten days; that is, when no treatment was adopted, the tendency of the disease was to cease about this period: and a number of cases were quoted in proof of this statement. The other held the opposite, maintaining that the treatment known as "the alkaline," did materially shorten the attack. Before stating my own views, I would observe that the question discussed is but one of many of a similar import which have been started within the last few year. The late Sir JOHN FORBES appears to have been amongst the first to bring the matter prominently forward, and to have questioned the power of our art not only over rheumatic fever, but over disease in general, and to have arrived at the conclusion that Nature does everything, and art little or nothing. In keeping with these views, all are aware that what is known as the antiphlogistic treatment has been not only questioned, but even rejected by many of late years. Hence, too, has arisen the question which it is the more immediate object of these remarks to discuss.

Now, I believe that the views commonly held on this point are not sufficiently clear. To assert that the physician cures disease is, I think, in the strictest sense of the words, incorrect. The proper way to put it appears to me to be that the physician treats, and, with the assistance of Nature, cures disease. As to the views advanced by FORBES, and held by many since, I do not believe in them at all; my experience is entirely opposed to them. I have not found that Nature one moment causes disease, and the next sets about curing it. On the contrary, cases either overlooked or neglected, I have not found to get quite well of themselves. Take examples of any of the acute affections—as pneumonia or pleuritis—and, if left entirely to themselves, what do we find at the end of weeks or months? Is it that Nature has cured them, or that we can detect no mischief in the chest? Quite the contrary. And on this point I appeal to the experience of all present, who must have met instances of either disease, which, as I have said, had been overlooked or neglected. Nature, it is true, in the course of time, modifies them much, but she does not cure them; and the system at large suffers seriously from the disease—the latent fire, as it may be called, which keeps still smouldering, and which, if there be a tendency to strumous disease, it is sure to engender; and so it is of other affections, acute or chronic. Who knows not the mischief which often follows a neglected cold?—an expression, by the way, in every one's mouth; and yet this is one of the very mildest affections with which we can be assailed. Or, if we take any of the real diseases of the skin, or syphilis, will any one maintain that these cure themselves? On the contrary, will it not be allowed that the cure of these affections is a distinct triumph of our art? But some one will ask me here, will not a common cold cure itself? or what control have we over fevers? My answer to the first query is—I believe, indeed I think I may say I know—that a little well-directed treatment will shorten materially its duration, whilst it lessons its severity. The second query calls for more consideration; for here I am quite ready to admit that our control over the specific poisons which cause fevers is little or none. For myself, however, I believe that in barm—and there has been often occasion to state this before—we have an agent of great power in counteracting low states of fever, whether met with in typhus, scarlatina, or small-pox; and with the giant strides which chemistry is now making, it seems to me highly probable the day will come when agents will be discovered capable of counteracting more effectively these poisons. Nor, in the closest connection with this subject, must we overlook the series of most valuable experiments made within the last year or two on the poisons of snakes introduced into the living frame. I confess I look forward to great results from them.

Leaving, however, this question of antiseptics for the present, I hold that our management of a case—say of typhus—within the first few days of the onset of the attack, is all-important. I have the strongest conviction which the nature of the subject admits, that this preparatory

treatment—if I may so speak of it—often makes the difference between life and death. In August, 1867, when the British Medical Association visited us here, an eminent London physician remarked, in my presence, that he had no faith whatever in treating fever, except so far as sustaining the strength of the patient went. On my telling him that I frequently applied leeches to the head, with the most signal benefit, and more particularly early in the attack, when epistaxis had threatened or occurred, he admitted at once that such a measure might be very advisable. Indeed, as we know that the danger of a case of genuine typhus happens from the ninth to the thirteenth day, and that this danger usually arises from the brain becoming deeply engaged, I cannot see any valid reason why we should not do our best to anticipate what is coming. I repeat, then, that I believe we can mitigate the symptoms of a state which, if left to itself, would prove fatal. Here I almost feel that an apology is necessary for dwelling on points of this kind, and before such a meeting as I now have the honor of addressing; for the profession in Dublin have, I am happy to say, been singularly free from these fluctuations in opinion, as to the treatment of disease, which have obtained elsewhere; still scepticism—and it is nothing short of this—no matter where it may have shown itself, is capable of doing injury to the whole profession, and so I have noticed it.

Though the foregoing remarks are of a general kind, I have thought it essential that they should be made, as they have the closest connection with my subject, and tend naturally to the question which I would bring before you: Can our art shorten the duration of the disease known as rheumatic fever? I believe it can. I have as strong a conviction on this point as I have that sulphate of magnesia will act as a purgative. Here it may be well to observe that the affection of which I speak is one of great frequency, of a very specific character, entailing much suffering, and one which it is scarcely possible to mistake. It is one, too, which, if I may so say, we can both see and handle; and, lastly, it is one of the exact nature of which, if we have not a complete, we have at least a considerable knowledge. Hence it would scarcely be possible to select a disease more suited to test the resources of our art than this very one. But before speaking of these, it will be necessary to advert briefly to the natural history of the affection; for on this point it is that the gentlemen in London, (and very eminent they are), take their stand, by asserting that, if the disease be left to itself, and treated only by that potent agent, mint-wanter, it will subside in ten or eleven days. I confess I read this statement with great surprise, it was so totally at variance with all my experience on the matter. I could not but call back the time when many, if not most of us, spoke of six weeks and flannel as being the only cures for the disease, shewing, as I think, conclusively, what its natural history then was; and, as years rolled on, and I came to treat the disease myself, I could not help observing that, in by far the majority of cases, a week at least had elapsed before the patients came into hospital with the attack fresh upon them; and when they came in, after even a fortnight, the disease was still at its height, and the suffering intense. And let it be observed, that from the very nature of the disease these patients were compelled to keep their beds, and so carried out the treatment, I vouch for it, systematically, which some would have us now adopt. Yet the disease did not subside, as their coming into hospital fully proved. As to the cases advanced by Drs. Gull and Sutton, in favor of their views, I must say they appear to me very satisfactory; but as this has been already shown by Dr. Fuller, in his last able communication in *The Practitioner*, I need not allude to them further here.

And now to come to the important part of this brief notice—for it is nothing more—what is the best line of treatment for acute rheumatic fever? With our present knowledge, it lies chiefly, I believe, in some one of the modifications of what is known as the "alkaline treatment," which, amongst other effects, there can be no doubt, renders the urine neutral, or alkaline. Though it has been only of late years that the proper way of effecting this object—I mean rendering the urine neutral—has been known, still the plan of using alkalies, and their earths, to as great an extent as has been recently recommended, is, like many other plans brought forward as new, old enough, having been in vogue with several during the last century. It must be repeated, however, that it is a knowledge of the fact that we can positively render the urine neutral, which gives us the advantage over our predecessors, and which, to my mind, renders the treatment of the disease almost a certainty.*

* When I say a certainty, I would at the same time wish it to be understood that exceptional cases occur where a complete alkaline treatment would be very injudicious. Thus, I have now seen several instances where, in the course of an attack of scarlatina, acute rheumatism of the joints, attended with much swelling, showed itself; and, not long since, I was asked to see a severe case of spotted typhus, where a similar occurrence took place. The remarks mainly apply to the disease in its acute and uncomplicated forms.

Which preparation of potash should be given, or whether different salts should be combined, I must say I have not been able to determine. As we know that they almost all leave the system as carbonates, the presumption is that no important difference exists as to their effects on the system. This point, however, must still be considered *sub judice*. The alkaline treatment, then, of rheumatic fever, I consider as taking the very first place; of course modified in the extent to which it is carried by the demands of each case. On this point I go the entire way with two London physicians, Drs. Garrod and Fuller, who have each written most ably on the matter. The paper, indeed, of the former appears to me absolutely conclusive; and yet strange to say, I believe it was not even alluded to in the late discussions in London.

Forcibly, however, as I would wish to bring under your notice the alkaline treatment of the disease, I am very far from saying that it is all that is required. You all know that the affection is one which very generally, though not always, entails severe suffering. All suffer pain but some a great deal more than others. Now, in all these cases I have been in the habit, for some years past, of giving anodynes in union with the alkalies, opium being the chief, and, when it agrees, by far the best. The opiate treatment has been long known; but I am not sure I have anywhere seen the combined plans recommended; and yet, with my present experience, I believe it to be the best and safest plan which can be adopted. It acts *tuto, cito, et jucunde*.

In these very brief remarks on the treatment of acute rheumatism, I have purposely omitted many points both of moment and interest, as well as treatment. To one point only, before concluding, I may allude—that is, whether the alkaline treatment lessens the probability of the heart becoming engaged. I believe it does. But this is a point on which it must be allowed a great caution would be required, before giving an opinion. If, however, a certain line treatment lessens the duration of this disease, it would be fair to infer that it must, by so much, diminish the chance of the heart getting engaged; and this would seem to be confirmed by any statistics yet brought to bear on the question. Within my own observation, the heart, when attacked at all, has, in the great majority of instances, been affected before the patients came into hospital; and it has been the valves, not the pericardium, which were involved. It is worth noting that I have, in four instances, seen pericarditis precede the affection of the joints.

To sum up, then, I hold that acute rheumatic fever can, by our art, be materially shortened in its duration, and that those who are sick need a physician.

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### A Case of Anthrax.

Dr. S. C. Thornton, of Moorestown, N. J., contributes to the *Richmond and Louisville Med. Journal* the following article.

As diseases are often interesting to the physician because of their singularity and complications, and when their symptoms are grave and threatening, their successful treatment more or less important, so the history and treatment of this case may be sufficiently interesting and important to justify its publication.

Nov. 15th, 1868. I visited professionally to-day H. V., a farmer, age fifty-two years; height sixty-two inches; weight ten stones. Since 1856, when I attended him for fractured femur, he has had no sickness; he is "temperate in all things," active, and industrious. On the 8th, a small pimple prevented him from buttoning his shirt collar. To-day, the pimple's former site is occupied by a large anthrax, right side of the neck, extending from the hair of the scalp three and a half inches downward, circular, the cuticular covering of which is thin, and perforated by numerous foramina, and discharging laudable pus. The top was freely scarified and touched with potassa, to assist in the separation of the dead cellular tissue and to destroy the peculiar pain. Prescribed a poultice of lini farina; Cook's pills; after their operation, morph. sulph., gr. ss. every four or six hours until sleep was produced. Nothing in the general symptoms worthy of notice was observed.

16th and 17th. Nothing unusual.

18th, 6. A. M. Family thought he was sinking. Profuse perspiration, oppression of the chest, difficulty of breathing, were the difficulties with which he had to contend, all of which I imagined might have originated in incubus, of which, however, he had no recollection. Prescribed pil. hyd., gr. ij., and whisky, f.℥j. every two hours, morphia to be continued, if required; it has made him sleep well at night.

19th. Dyspnœa gone, and diaphoresis not so profuse. Slips down in the bed. Prescribed the same doses of whisky and mercury every three hours; he is not to be awakened for them.

20th. Irritability of mind, twitching of the facial muscles, restlessness of body; pulse hard, full, and 108. There is diaphoresis still; omitted whisky. Prescribed inf. valerian and solu-

tion of quinia, gr. ij. to f.ʒj., also pil. hyd., gr. ij. The first to be frequently taken, the two last every four hours.

21st, 2, A. M. Family thought he was dying, "because his jaws are set." Rigid contraction of the masseter and temporal muscles, chronic in their character I presume. Expression of the eyes wild and staring; pupils dilated; diaphoresis profuse. From the inarticulate answers given, we thought he recognized those present. He lay on his right side, and, if I may be allowed the expression, in emprosthotonos. The spasm of the jaws originated in an attempt to drink. Chloroform was inhaled, the muscles completely relaxed, and he slept well till 4, A. M. During the time he was under the influence of the chloroform, a strong injection of assafœtida was administered, which emptied the lower part of the colon freely. When he awoke he was maniacal, and violently resisted the efforts of three strong men to keep him in the bed. Chloroform was administered again; by force he was compelled to inhale it; to its influence he was quite susceptible, and was soon asleep. He slept till 6, A. M.. and awoke again a maniac. I wished his wife to try moral suasion. This she did, and by constant watching she succeeded in keeping him tolerably quiet until 8, A. M. Directed that no more medicines should be given of the kinds he had been taking. There was no ptyalism perceptible. Prescribed soup for his food. If trismus or mania returned, I directed his male nurse to keep him under the influence of chloroform. In the evening I found that every attempt to swallow the soup had brought on trismus, and consequently, the anæsthetic had been frequently and freely used to relieve it and the raving.

23d, 2, A. M. Constant subsultus; frequent returns of the trismus, always with an attempt to swallow; profuse diaphoresis; slipping down in the bed; pulse full, hard, and of normal frequency; anthrax discharging very freely, and granulating well. A blister of ceratum cantharidis was applied over the whole length of the spine, two inches in width.

The carbuncle was dressed with raw cotton, well soaked with tinct. opii. Morphia, gr. ss. every two hours. If he could not swallow it, tinct opii, f.ʒj. to be thrown into the rectum as often. At 9, P. M., the blistering cerate was removed, and had drawn well, the subsultus had disappeared, and the morphia held him "firmly bound." Chloroform had been frequently given during the day, for the trismus and mental derangement.

23d and 24th. Gradually improving. On the latter day trismus existed for the last time. December 6th, visits discontinued.

During four days he used in inhalation three pounds of chloroform, a good article that I procured from the manufacturers, Powers & Weightman. He swallowed, in the course of his sickness, eight grains of morphia, and one ounce of pure laudanum was given in enemata.

In a case reported by my father, (of traumatic tetanus, that he successfully treated, and which was caused by wearing a tight boot,) in the *Medical Reporter* for 1849, venesection was practised, and ptyalism produced, but he afterward trusted entirely to ether and chloroform to induce the cure.

In the three cases I reported to the Medical and Surgical Reporter: that of a lad who fell from a tree on the palms of his hands, and thereby forced both bones of both the forearms into the earth; that of the young man in whom tetanus originated from a wound in the hand; and that of a farmer in whom idiopathic tetanus was induced by sleeping in the open night air, no chloroform or ether was used. The first of these three cases was, of course, a hopeless one. The second was one of tonic and general muscular rigidity, and recovered. The third very much resembled Vanvane's case. In both the diaphoresis was profuse, and in both trismus was induced by drinking. Vanvane had emprosthotonos; the other (Burr), opisthotonos, and died in one of the spasms; and in the treatment of this case, Burr's, I now regret that he was not thoroughly anæsthetized by chloroform during the spasms.

Vanvane's was certainly a desperate case; the attending symptoms, tetanic and cerebral, were different from those I ever saw accompany anthrax. A few weeks after his commencing convalescence, I have been informed, a similar case happened, under the same constitutional relations, in Marlton, a village six miles from this place. Both men were of the same height, and alike in their general habits of life. The Marlton man was much the heavier; he had trismus and raving; difficulty of deglutition and profuse diaphoresis. No chloroform was administered to him, and he died. That chloroform would have saved him, I am not certain, but would not feel myself justified in treating a similar case without it. That Vanvane had spasmodic action of muscles of the jaw is undeniable; and they were so firmly closed, that with my hands unaided, I was unable to make the slightest separation. In the etiology and pathology of tetanus, I am cognizant of nothing that forbids me to consider this spasmodic action tetanic.

### The Nomenclature of Skin Diseases.

Dr. JAMES C. WHITE writes as follows in the *Boston Medical and Surgical Journal:*

No writer has done so much to increase the unfortunate confusion which exists in connection with the nomenclature of cutaneous diseases as Mr. WILSON. Up to the 4th edition of his work he had called psoriasis, lepra, applying the former, its proper title, to a variety of chronic eczema. In the preface to his 5th edition, published in 1863, and written immediately after an interview with Professor HEBRA "amidst the academic groves of Richmond Hill," we find the following change announced:

"To return to Hebra. The term lepra—*der Aussatz* in German—signifies *the* eruption, the great eruption. It is synonymous with leprosy, *the* leprosy, the ancient leprosy, that which has since been called elephantiasis. Therefore let us bestow the term lepra where it rightfully belongs, or reject it altogether. The trivial affection which we at present call lepra has no single point of comparison with leprosy. We cannot but admit the truth of this argument, and we cannot, also, but recognize in an instant the monstrous absurdity of calling a comparatively insignificant disease by so portentous a name.

"Now, HEBRA cuts the gordian knot. Eczema he calls eczema; lepra, lepra; and that very common affection which we at present term lepra, he calls psoriasis. The change is simple, the reasons for it important. We cannot do better than adopt it. Moreover, it suits *the spirit of the British bull-dog* to call things by their proper names, and we are too noble in our nature not to recognize and value the intellect of our foreign brethren. The great International Exchange of 1862 will not have existed in vain, if it have accomplished no more than to enable us to give the proper name to a very common and troublesome disease."

Considering the reputation for tenacity of the canine species here mentioned, it might be presumed that this matter of title was definitely settled, but in the "Student's Book of Cutaneous Medicine," published in 1864, the "intoxication" produced by the "fascinations of his agreeable friend" (Professor H.) seems to have subsided, for Richmond Hill is ignored, the term psoriasis being still retained for this form of chronic eczema, while his old lepra is called alphos.

In April, 1868, this gordian knot appears to be still uncut, and a positive reaction has taken place in the temper of the British bull-dog, for in an article on this affection, no longer alphos but lepra again, published in the *Journal of Cutaneous Medicine* at that time, we find the following recantation: "Nothing can be more outrageous than the blunder of calling lepra vulgaris, psoriaris: happily it is a foreign blunder; but we trust that there are few amongst us who are so lost to the proper estimation of nationality as to submit blindfold to the foreign yoke. We have no objection to accept the truth at the hands of our foreign brethren, but once and for all we reject their falsehood; and we have a proper disdain for the spirit of *gobe-moucheism*, which is at all times ready to gulp down "omne ignotum pro magnifico."

Later in the same year (October) he calls psoriasis, lepra alphos; and in January, 1869, another alteration is introduced, and the title lepra græcorum is adopted. In this latter article, a review of HEBRA's work, he says, "it would be a serious mistake to confer on lepra so unsuitable a designation as that of psoriasis, as is proposed by our Austrian colleague. We trust that our countrymen will agree with us in our objection, and resist an attempt at the alteration of our nomenclature, which is pressed upon us inconsiderately, and with an authority which we think it absolutely necessary to resist." To this a writer in the Edinburgh *Medical Journal* of March, if we mistake not, the well-kuown author of the best works on skin diseases published in Great Britain, replies:—"And but small excitement do we feel in the approaching contest which Mr. WILSON announces as about to take place between himself, a self-elected champion of Britain, and HEBRA, as the supporter of the honor of Germany; notwithstanding the flourish of trumpets with which Mr. WILSON accepted the fancied challenge, and calls upon all interested to form a ring, and be judges of the fairness of the strategy. For it is just possible that the personal appearance of his German opponent in the field may once again be sufficient for victory, and enable him to return to his country singing the exulting pæan of *veni, vidi, vici.*

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### Spectrum Lines.

At a late meeting of the American Institute, Professor E. C. PICKERING, of the Massachusetts Institute of Technology, employed the following method to illustrate his paper on Spectrum Analysis. A sheet of black lace, one and a half feet broad, and three feet high, was suspended as a screen, and upon it was thrown a continuous spectrum from a magnesium light, arranged in the manner first developed for the electric light by Professor COOKE of Cambridge, except that

only one bisulphide of carbon prism was used. The spectrum covered the entire lace screen, the curvature of its lines being corrected by an opposite curvature of the opening through which the light passed. Upon this black lace were attached a number of white paper strips, so arranged as to occupy the places of the bright lines in seven different spectra, such as those of sodium, potassium, rubidium, cœsium, etc. These being illuminated by the variegated light of the continuous and broad spectrum, received and reflected each the color corresponding to its position, and therefore, (their adjustment being accurate,) that which actually belonged to the band which it represented. The light falling between these paper bands was not, of course, reflected, and the appearance, therefore, was, in each case (as in an actual spectrum), of bright-colored lines on a dark ground. When, however, as in the case of potassium, the nebula of Orion, etc., a faint, continous spectrum is in fact combined with that of the bright lines, this also was represented by attaching, in the right places, bands of white lace, which reflected enough of the colored light to produce a hazy spectrum, admirably imitating that of the substances or bodies in question.—*Jour. Franklin Institute.*

# Reviews and Book Notices.

## NOTES ON BOOKS.

On the Ninety-Sixth Anniversary of the Medical Society of London, March 8th, 1869, Sir G. Duncan Gibb, Bart, M. D., of Falkland, late Vice-president of the Society, delivered an interesting oration on "Discoveries in Science by the Medical Philosopher." (London, H. K. Lewis, 1 vol., 12mo., pp. 62.) It is a brief review of the contributions to science which have been made by members of the Society since its commencement. We are astonished and pleased to see the names of so many distinguished men in its pages. The author, Dr. Gibb, spent several years in this country and Canada, and is known in other departments of natural science, especially geology.

Three commissioners, among them Dr. Geo. F. Fort, were appointed by the New Jersey State Legislature to examine the various systems of prison discipline and report an improved plan. Their report has now appeared, and makes a pamphlet of sixty-two pages (printed at the *True American* office, Trenton). They have done their work admirably; their suggestions appear to us based on mature consideration and sound philanthropy. The pamphlet should be carefully studied by all interested in this humane topic.

The Anniversary Oration delivered before the Medical Society of the District of Columbia, last September, was by that accomplished medical historian, Dr. J. M. Toner. It has since been published, by request of the Society, in pamphlet form, (80 pp.) It reviews the medical history of Washington City from the time when, in 1608, Dr. Walter Russell extracted a fish-bone from that famous adventurer, Captain John Smith, down to date. It is enriched with notes, contains much on the general sanitary condition of our capital, and deserves a permanent place in the library of the medical historian.

From Detroit there reaches us, "A Letter to Prof. A. B. Palmer," in reply to his four lectures on homœopathy, by Chas. J. Hempel, M. D. If there was anything new in these letters, either in allegation, style, or presentation, we would cheerfully review them at length. But as they contain nothing but what has already been repeatedly answered, it is not worth our while to spare space for the purpose.

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**Proceedings of the State Medical Society of Michigan for the years 1867 and 1868.** Detroit: 1869. 1 vol., 8vo., paper, pp. 116.

This volume contains the minutes of two annual meetings and a number of reports and papers. It is pleasant to learn from it that the Michigan Medical Society is in a prosperous condition. At the last meeting, one of the most prominent topics of discussion was the attempt of the homœopaths to foist their exclusive "isms" into the professorial chairs of the Ann Arbor University. The opinions expressed were clear and sound, and a unanimous sentiment of regret at the folly of the Board of Regents in making such a move, was visible. We shall make extracts from several of the reports for the readers of this journal, as these documents contain much useful information.

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—— The *Gazette Hebdomadaire, etc.*, adds to a previous report of one of Professor Brown-Séquard's communications to the Academy of Medicine, that that gentleman compared the *auricular hæmatoma of the insane* to the hæmorrhage into the tissues of the ear produced by his artificial lesions of the *corpora restiformia.*

—— The same journal gives a note from M. Philipeaux, in which from certain new experiments he draws the conclusion that, as a general law, among vetebrate animals at least, an organ entirely removed can never be replaced—that when an organ is regenerated the basilar portion has not been removed.

Medical and Surgical Reporter.

PHILADELPHIA, MAY 22, 1869.

S. W. BUTLER, M.D., & D. G. BRINTON, M.D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

## VACCINATION AND ITS BENEFITS.

There is no error more likely to produce serious results on the public welfare than the unfounded prejudice against vaccination, which both in this country and in England has been fostered by ignorant or unscrupulous parties during the last few years.

Of the many brilliant proofs of the value of Dr. Jenner's discoveries, hardly any is more satisfactory than one recently brought forward by Dr. E. M. Snow, Superintendent of Health of the City of Providence, Rhode Island, whose labors in behalf of public hygiene and medical statistics we have frequently had occasion to mention with commendation. He recently laid before the Board of Aldermen of that city a report on small-pox and the protective power of vaccination, which is not less valuable for the original obsevations it contains, than for the clear and decided language in which they are set forth.

He calls attention to the frequent statements in the public papers, that vaccination has lost its protective power against small-pox, or that it has run out, implying that the vaccine virus had lost, either in kind or in degree, some of the properties that it possessed when first discovered. On account of an unusual prevalence of small-pox, during the last fall and winter, in California, as well as in Chicago, St. Louis, and other of our midland cities, these statements in the newspapers have been more frequent than usual. It is probable that there are many persons in the community who are inclined to believe them, or at least, to think that there is some foundation for them. And yet there is not one particle of truth in them. The character and properties of vaccine virus are as perfect, and its protective power against small-pox is as certain and effectual to-day, as it was when first discovered by Jenner.

The proof of this is seen, first, in the character and effects of the vaccine virus itself; and second, in the results of its application in the community.

1. *The Vaccine Virus itself.* Dr. Jenner gave minute instructions for vaccination; described precisely the character, properties, and local and constitutional effects of the vaccine virus; and gave a most exact and particular description of the progress and appearance of the vaccine vesicle, day by day, from the insertion of the virus until the scar is healed.

The operation done in the same way, anywhere, to-day, produces precisely the same local and constitutional effects, and the most skilful and minute professional examination of the vesicle, day by day, cannot discover the slightest variation from Dr. Jenner's description.

2. *Results of Vaccination.* The results of vaccination in giving protection from small-pox, are precisely the same now, as they were in the time of Jenner.

In Providence, during the past winter, small-pox was stopped four different times by vaccination. No one can believe that if there had been no protective power in vaccination, the disease could have been arrested under the circumstances in which it appeared. But there is more direct and positive proof than this, of the protective power of vaccination at the present time.

During the month of April, 1869, Dr. Snow had a case of small-pox in a family where there were three persons wholly unprotected, and one other person with only partial protection. He vaccinated them all, and though they remained in the family, and went freely in and out of the room with the small-pox, until recovery, not one of them had the slightest symptoms of the disease. Was there any evidence of a weakened protective power of vaccination in that case? And yet, during this same time, an article appeared in one of the daily papers taking the ground that vaccination has lost its protective power against small-pox. But this is no exceptional case. Scores of similar cases have occurred during the last fourteen years.

It may be assumed, positively, that the remarkable exemption from small-pox, enjoyed by Providence during the last fourteen years, as already described, has been wholly owing to the protective power of vaccination.

Such instructive facts as these should be repeatedly urged on the public mind. The igno-

rance of the simplest truths of medical science is so crass and wilful, that it is only by a ceaseless iteration that we can hope to bring the mass of men to a proper regard for their own welfare.

# Notes and Comments.

## THERAPEUTICAL BULLETIN.*

Compiled by Geo. H. Napheys, M. D.

No. 14.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc., etc.

The selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form.

*Treatment of Skin Diseases continued.*

J. M. Da Costa, M. D.

114. ℞. Potassii cyanidi, gr. ¼.
Alcohol, f.ʒij.
Glycerinæ, f.ʒss.
Aquæ, f.ʒvj. M.

A local application to allay itching in various skin affections, to be sponged over the part several times a day.

115. ℞. Hydrarg. chlor. mitis, ℈j.
Cerati simplicis, ʒj. M.

An alterative ointment to be applied in *eczema capitis*, after poulticing.

116. ℞. Sodæ sulphitis, ʒss.
Aquæ, f.ʒvj.

To be used as a wash in *lepra*. The patient at the same time being ordered internally,

117. ℞. Liq. potassæ arsen., ♏iij.
Tr. gentianæ comp., f.ʒij..

For one dose, ter die.

118. ℞. Ung. hydrarg. nitratis,
Cerati simplicis, āā ʒss. M.

For *pityriasis of the scalp*. To be applied morning and night. The hair should be cut short, and poultices applied before using this ointment. The scalp is to be kept clean with soap.

119. ℞. Unguenti picis,
Ung. hydrarg. oxidi rubri, āā ʒss.

For *impetigo*. To be rubbed in morning and night. If this fails, apply

120. ℞. Cupri sulphatis, ℈j—ij.
Aquæ, f.ʒj. M.

Or use the solid sulphate of copper.

Tilbury Fox, M. D., Lond., M. R. C. P., etc.

121. ℞. Plumbi acetatis, gr. xv.
Acidi hydrocyanici dil., ♏xx.
Alcohol, f.ʒss.
Aquæ, ad f.ʒvj. M.

Use in *impetigo*. At the outset of this disease, and in direct proportion to the degree of irritation present, remedies should be emollient in character. Poulticing is the first step. Then the above lotion may be used. Subsequently,

122. ℞. Hydrargyri ammoniati, ℈j.
Olei olivæ,
Adipis, āā ʒj.
Olei rosæ, ♏vi.
Tincturæ tolu, gtt. xx. M.

If the scalp is affected, the hair must be cut from around the disease. Pediculi, if they exist, will be destroyed by the above white precipitate ointment. In many cases alkaline lotions are of use, for example,

123. ℞. Sodæ carbonatis, ʒj.
Aquæ, f.ʒvj.

Prof. Hebra, of Vienna.

124. ℞. Saponis mollis, ʒj.
Aquæ bullientis, ℥j. M.

Use in the second stage of *eczema*, to counteract the infiltration. The lotion may be scented with some essential oil.

126. ℞. Picis liquidæ,
Alcohol,
Saponis mollis, āā f.ʒij. M.

This constitutes the "tr. saponis viridis cum pice," and is used in *eczema*.

Prof. J. Lewis Smith, New York.

126. ℞. Pulveris zinci oxidi,
Lycopodii, āā ʒj. M.

To be dusted occasionally over the inflamed surface in the *erythema intertrigo* of infancy, when the inflammation is severe and accompanied by moisture. In slight cases of this affection, due to friction of opposing surfaces of the skin, or to the irritation of certain discharges, if not accompanied by moisture and destruction of the epidermis, dusting the surface thickly with powdered starch, so as to prevent attrition, will

* Entered according to Act of Congress, in the year 1869, by Geo. H. Napheys, M. D., in the Clerk's office of the District Court for the Eastern District of Pennsylvania.

N. B. This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

be all the treatment required. The disease may also be satisfactorily treated in most cases by the following wash.

127. ℞. Cupri sulphatis, gr. ij—iv.
Aquæ rosæ, f.℥ij. M.

To be kept constantly applied by means of linen saturated with it and pressed between the inflamed surfaces. When this disease is caused by frequent acid stools, remedies which cure the diarrhœal affection also cure the erythema.

### Bullock and Crenshaw.

One of our most reliable and popular drug firms have lately removed from their old stand at the corner of Sixth and Arch streets, a few doors down Arch street, on the opposite side, to No. 528, where they have occupied very extensive buildings running back to North street, giving them a very fine retail establishment, and abundance of room for their very extended wholesale operations. The readers of the Reporter have for fifteen years been familiar with the name and character of this firm, and if we mistake not, their business has grown with the growth of this journal largely, through judicious advertising.

### The University of Pennsylvania.

At a session of the City Councils held on the 13th inst, an ordinance passed one branch, authorizing the sale of 19 16 100 acres of the Almshouse property west of the Schuylkill to the Trustees of the University of Pennsylvania. The object is to effect a sale of the University property on Ninth street between Market and Chestnut streets, and remove the institution to that locality. The price charged—$8000 per acre—seems large, especially when the ground is to be used for such a purpose—but it will be expedient for the Trustees to do anything in their power to bring the Medical Department of the University—the only department that brings in any revenue—into closer association with a Hospital, if it is understood that this movement will accomplish that.

### The Willard Asylum for the Insane.

This institution, located at Ovid, in the State of New York is now nearly ready for occupancy. The Trustees have chosen Dr. John B. Chapin, late of Brigham Hall, a private institution at Canandaigua, as the superintendent. Dr. Chapin's qualifications for the position are first class, and the appointment is an excellent one.

The institution is located on a bluff overlooking the Seneca Lake, and during the summer months the scenery is delightful. In 1865 the Legislature of New York authorized the building of an asylum for the chronic insane poor—a class of persons that are now, and who have been for years confined in the several County houses of the State. The name given to the institution was that of the "Willard Asylum," in compliment to the late Dr. Sylvester D. Willard, of Albany, through whose instrumentality mainly it was finally established.

### Another Medical College in Philadelphia.

It is whispered in medical circles that a number of medical men have it in contemplation to start another regular medical college in this city. The names of several of the proposed professors have been mentioned to us, and undoubtedly they would give a high character to the institution.

There is, there always is, plenty of room for another college here:—but only for one kind of a college. That is, for one combined with extensive hospital advantages, one which will not pander to the prevailing low standard of education, one which will be under the thumb of no clique, one in which no "hereditary rights" will be known, one in other words, different in some respects from any now here.

### Clergymen and Cancer Curers.

We quote the following from the *New York Observer*.

A clergyman who has been cured of a cancer sends us the name of the surgeon to whose skill he is indebted for his relief, and he desires us to make it known to the world. We have done so in another similar case, and the result was such an amount of trouble, annoyance, responsibility and complaint, that we do not feel disposed to venture upon the generous experiment again. We rejoice with our correspondent in his deliverance, and hope that the cure will be as permanent as it is now agreeable.

The *Observer* seems to have learned by experience, something of the futility of relying on the promises of this class of empirics. Its language is quite significant.

### Marriage and Leprosy.

A leprous husband prayed before the Bombay High Court for the restitution of conjugal rights, which, it seems, his wife had withheld, on the ground that he might infect her. Legal formalities apart, the wife's objection to a great extent was medically invalid, so far as she herself was concerned. As regards her offspring, however, the case is different. A leper seldom infects a partner in the exercise of conjugal rights; this

is an ascertained fact. Their progeny are very liable to suffer, though this is not necessarily the case. The decision in favor of the plaintiff is of peculiar interest in Bengal, where every hundredth man or woman is a leper, and where the disease is steadily on the increase.—*Lancet.*

# Correspondence.

## DOMESTIC.

### Singular Case of Calculus.

Editors Med. and Surg. Reporter:

I was called to see Mrs. C. B. S., the latter part of October, 1868. Her age is about 60, of medium size, well built and to all appearance in perfect health. She complained of a painful tumor on the middle of the abdomen just above the pubes. She had first noticed it a short time before; had been house-cleaning, and one day exerted herself more than usual, and worked a great deal with her arms overhead: the following morning she had severe pain, and also observed the swelling. (She had been very healthy all her life, except a few years ago she was very subject to cramp of the stomach, during which attacks a great deal of bilious vomiting took place, but when over those attacks she was in apparent good health again. During the past two years she has not had an attack, except last February, when she had a slight one, but yielded readily to appropriate remedies.)

On making an examination, I found the swelling to extend from the pubes up toward the umbilicus, about four inches, and about three inches in width, of an oval shape; it felt as if it was just underneath the skin and fatty tissues, and had a kind of doughy feel. The lower half felt thicker than the upper, and it was about an inch or little more in thickness, tapering off toward the edges, and appeared to be of uniform consistency. It was very painful on pressure being made. She informed me that at times the pains were of a lancinating character, and at others dull and gnawing, and so severe at times that she could scarcely endure it. I told them I could not exactly state the nature of the tumor, but that it felt like a fatty tumor, and on expressing my opinion that it was not anything of a malignant character, she was satisfied for the time being. I gave her a liniment composed of tr. sapon camph., tincturæ iodinü and aquæ ammon. She used this for a number of weeks, and soon the pain subsided a great deal, and the swelling appeared to grow less.

About two months after my first seeing her (perhaps nearly three) she informed me that she could not use any liniment, as the parts were very sensitive. The swelling had again increased in size and become nodulated, and a portion on the middle of the right edge had become puffed out, and softer than the other parts. I directed her to poultice the parts, that probably it would open and then heal. She did so, and soon after an opening was effected, and at first there was a discharge of purulent matter, which afterwards changed more into a sanious character, and with it also were discharged several of the *calculi*, of which you have specimens. At first a few were discharged daily. In the course of a few weeks, however, discharges took place about every *four* or *five* days, and generally about *four* to *six* at a time, and *almost invariably* the largest one first, and then followed by others of smaller size, the last one being the smallest. Altogether not less than fifty of those calculi were discharged in the course of a few months. All had the same shape and appearance, and those broken the same appearance within. Among the specimens sent you was the *largest* one discharged (one of the last batch) and also some of the smallest ones, about two-thirds of the whole number were of the small size.

During the interval of the passing of these calculi, there was a discharge of an offensive matter, a mixture of purulent and sanious matter, and of an acrid character. As soon as the tumor opened, and the calculi were discharged, the pain almost entirely ceased.

I was enabled to make a thorough examination of the parts during the time, (several months ago,) and then found the abdomen to have assumed almost its normal size and shape. I found *two* openings, the largest, and through which the calculi were discharged, was about two and a half inches from the median line of the abdomen, on the right side, and about three inches above the pubic bone; it was not over a *quarter of an inch* in diameter, and "surrounded by a soft, spongy florid vein;" the other was about an inch below this, much smaller, and through which a sanious discharge took place. To the touch the whole abdomen was of a uniform consistence, (this was a few hours after five calculi had been discharged.) I could pass a probe about two and a half inches from right to left, in the upper opening, and also about two inches downward, but not upward, nor further toward the right side. As I was able to pass the probe so far, by entering the upper opening in the

direction in which the greatest swelling existed, I did not pass it far in the lower one, especially as it was so much smaller, and caused the patient some pain.

As some of the calculi were so very large in comparison to the opening, it took some time, generally, before it effected sufficient dilatation to pass out, and often she was compelled to assist nature and press them out; the small ones then easily followed.

About two months have now elapsed since the last ones were discharged. The openings have not yet healed, as there is still some discharge, but not so offensive in smell nor acrid in character as formerly.

*What ought I to use to effect a perfect cure?*

Her health during all this time has been good; her appetite not impaired; digestive functions were performed normally; bowels regular; no urinary difficulty. If anything she looks better now than she was last fall and winter.

A. M. Sigmund, M. D.

*Shimersville, Pa., May* 7, 1869.

[We have had the calculi examined by a competent chemist, who pronounces them chiefly of cholesterine, tinged by biliverdin.—Eds.]

### The Arrest of Hemorrhage by Torsion and Transfixion.

The following letter to a leading surgeon of this city has been kindly placed at our disposal. It contains surgical suggestions quite ingenious and worthy of trial.

*Dear Sir.*—Permit me to call your attention to a means of arresting arterial hemorrhage by *torsion* and *transfixion*, as suggested in an article I contributed to the *New Orleans Journal of Medicine*, (April No., 1869.) It is done in the following manner:

Let the artery be taken hold of with a torsion forceps, and twisted on its axis until reduced to a cord shape, and then transfixed with a needle. The transfixing needle may be introduced from the cutaneous surface, or a short needle, threaded with a small wire, may be introduced within a short distance from the bleeding artery, into the cut surface of the wound; in either case the point of the needle should be brought out at the artery, it being twisted; the needle is made to transfix it, and is then pushed forward into the fleshy parts beyond, sufficiently far to secure it permanently in this twisted condition.

Now what are the obvious advantages of this method of stanching a bleeding artery in a surgical manner? In the first place, we are enabled to secure the bleeding vessel against hemorrhage as effectually as it can be done with a ligature. A large artery can be twisted until its walls are made to collapse two-thirds of an inch or more above the cut surface. If this twist is maintained by the needle, it is not likely that hemorrhage can take place. In the next place we are able to withdraw the needles, the short one, if used, by the wire attached to it, in the shortest time it may be thought safe to do so without danger of hemorrhage. The wound, being freed from the irritation of stanching instruments, is placed in the most favorable condition to heal by the first intention.

I am disposed to think that an artery secured in this way would not be so likely to endanger the life of the patient from secondary hemorrhage; the very condition of its being twisted for some distance above the cut surface would almost preclude the possibility of such an accident.

The ability to remove at will the stanching instruments before suppurative action usually takes place, will greatly lessen the danger of purulent infection; the patient being in a favorable condition, the probability is that the wound will heal by the first intention, if managed properly.

If these two accidents, purulent infection and secondary hemorrhage, can be obviated in any degree by the means I have suggested, the surgeon will certainly feel less hesitation than heretofore in using the knife for the benefit of his patient. As the case has been, he frequently had to make a choice between the evils, the existing disease and the accidents liable to follow an operation.

The needle is used merely to prevent the transfixed artery from untwisting. The force of the pulsating vessel would be on the twisted portion, and the effect of this force would be to impact the twist the more, and thereby diminish the chance for blood to escape. This can be tested very easily in the dead subject before trusting to it in the live. The reason I have not tested the value of torsion and transfixion in arresting arterial hemorrhage before calling the attention of the profession to it, is owing to my circumstances. I am mostly engaged in the practice of medicine in a village and the surrounding country, where it is only occasionally I have a case of surgery to treat; it might, consequently be a long time before I could test the plan satisfactorily. I therefore thought it best to suggest it to others, who are more favorably situated, to determine its advantages or disadvantages.

K. McKinnon, M. D.

*Pleasant Hill, Ala., April* 30, 1869.

# News and Miscellany.

### Western Pennsylvania Medical Association.

This Society is composed of most of the physicians along the Western Pennsylvania Railroad and adjoining locations, and meets at the different towns on the road, alternately, on the first Tuesday of each month, for the mutual interest, benefit, and clinical experience of the profession, but ultimately for the welfare of the people at large. It is founded, in the reorganization, on the basis of the State and county medical associations, and is independent of them only for reasons of convenience. The officers elect for 1869 are as follows: President, David Alter, M.D., Freeport; Vice-President, R. L. McCurdy, M.D., Freeport; Recording Secretary, R. P. Hunter, M.D., Leechburg; Treasurer, Thos. Galbraith, M.D., Tarentum; Corresponding Secretary, L. R. Metzgar, M.D., East Liberty; Censors, C. B. Gillespie, M.D., Freeport; Wm. M. Bryan, M.D,, Apollo; David Alter, Jr., M.D., Parnassus. The next meeting will be held at Blairsville, June 1st.—*Presbyterian Banner.*

—— Literature and science will be well represented in the next French Corps Legislatif. Among the candidates likely to be elected without much opposition are nine University Professors, four historians, three naturalists, twenty-one novelists, one hundred and fourteen barristers, seven poets, thirty-two journalists, and fifteen physicians.

—— The anatomical museum of the St. Louis Medical College was destroyed by fire recently. It was the richest and most valuable of its kind in that section of the country. No insurance on it. We presume the loss included Dr. Pope's extensive and valuable private collection.

—— Professor Nickels, of the Academy of Sciences of Nancy, in France, recently met his death in a very peculiar manner—by accidentally inhaling the vapor of concentrated hydrofluoric acid, while engaged in making experiments to isolate fluorine. Professor Nickels was the author of many valuable published scientific works.

### Changes in U. S. Navy.

Surgeon A. A. Hœhling has been ordered to the *New Hampshire*, now at Norfolk, Virginia.

Assistant-Surgeon F. K. Hartzell has been detached from the Naval Academy, and ordered to the *Savannah*.

*[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

## MARRIED.

Firmin—Meeks.—Thursday, May 6th, 1869, at the residence of her parents, by the bride's father, Rev. J. A. Meeks, F. Wilber Firmin, M.D., and Miss Mary L. D. Meeks, both of Findlay, Hancock co., Ohio.

Johnson—Robertson.—In this city, May 11th, at the West Spruce Street Presbyterian Church, by the Rev. Dr. W. P. Breed, assisted by President Woolsey, of Yale College, Woolsey Johnson, M.D., of New York, and Kate, youngest daughter of the late Archibald Robertson, Esq., of Philadelphia.

## DIED.

Croffut.—In Brooklyn, May 9, Jonathan Croffut, M.D., in the 73d year of his age.

Dorsey.—In this city, on the 5th inst., after a long illness, Robert Ralston Dorsey, M.D.

## WORDS OF CHEER.

*Dr. R. H. M., of Tennessee*, says:

"I am so well pleased with the contents of the January number of your Compendium, as published in the last Reporter, that I herewith enclose $2," etc.

He has been a subscriber to *Braithwaite*, and considers it "the best reading in the English language," but has great hopes of the Compendium. Strong as his language is, we believe he will not be disappointed, so far as comparison with *Braithwaite* is concerned. Dr. M. says, further:

"While on horseback, your Reporter or Pocket Record is in my hand, affording me delight unspeakable. The Pocket Record is a gem of beauty. I never have seen so much valuable information in so small a compass. I cannot say a word against any part of its contents. I do venture the hope, however, that in your future editions you will so far enlarge it that I may be able to squeeze in a short history of my cases, etc."

We would simply say to our correspondent that the memorandum page opposite each page of visiting list ought to suffice for the important cases, the only ones it is worth while to keep a record of.

## QUERIES AND REPLIES.

*Dr. J. C. T., of Ark.*—"What is the best work on the Diseases of Children?" We cannot decide between West, Hillier, Condie, Meigs, and others. They are all good.

### Typhoid Fever, with Cerebro-Spinal Symptoms.

*Dr. R. H. M., of Tenn.*—"In an adjoining neighborhood I hear of cases of well marked typhoid fever running to a fatal termination rapidly. The cerebro spinal symptoms are so urgent that the mind of the physician, in witnessing them, constantly recurs to those of tetanus. Can you suggest a better course of treatment than the use of tincture of gelsemium (as a nervous sedative), and ice to the spine and occiput?"

The addition of beef tea and brandy will suggest itself. Our readers may offer additional advice.

## METEOROLOGY.

| May, | 3, | 4, | 5, | 6, | 7. | 8, | 9. |
|---|---|---|---|---|---|---|---|
| Wind..... | N. W. | N. W. | N. E. | E. | N. E. | N. E. | W. |
| Weather.... | Cl'dy. | Clear | Cl'dy. | Cl'dy. | Cl'dy. | Cl'dy. | Clear. |
| Depth Rain.. | | | | | | | |
| *Thermometer.* | | | | | | | |
| Minimum..... | 35° | 40° | 40° | 41° | 42° | 46° | 41° |
| At 8, A. M..... | 50 | 53 | 56 | 52 | 53 | 57 | 59 |
| At 12, M..... | 51 | 57 | 60 | 61 | 54 | 63 | 66 |
| At 3, P. M..... | 50 | 62 | 61 | 62 | 56 | 65 | 67 |
| Mean..... | 46.50 | 53. | 54.25 | 54. | 51.25 | 57.75 | 58.25 |
| *Barometer.* | | | | | | | |
| At 12, M..... | 29.6 | 29.7 | 29.7 | 29.7 | 29.7 | 29.7 | 29.7 |

*Germantown, Pa.* B. J. Leedom.

JUNE 2, 1869.

THE

# MEDICAL AND SURGICAL REPORTER.

No. 639.] PHILADELPHIA, MAY 29, 1869. [Vol. XX.—No. 22.

## Original Department.

## Communications.

### ELECTRIZATION IN THE TREATMENT OF ANGINA PECTORIS.

By A. D. Rockwell, M. D.,
AND
Geo. M. Beard, M. D.,
Lecturers on Nervous Diseases in the University of New York City.

The treatment of angina pectoris has ever been unsatisfactory and uncertain. The few cases that have fallen under our observation were mostly of a chronic character, and turned to electrization as a last resort. It is held by some physicians, that angina pectoris depends on the presence of appreciable organic lesion, either of the heart, the great vessels, or the neighboring organs. Heberdeen again, to whom the name of this variety of neuralgia is due, and after him many others of note, ascribed the paroxysms to ossification of the coronary arteries.* Hypertrophy, with dilatation of the heart, ossification of the auriculo-ventricular or aortic valves, accumulation of fat on the heart, mediastinal abscess, ossification of the costal cartilages, etc., have all been regarded, at one time or another, as causes of this singular neuralgia.

The history of the various cases that we find recorded go to prove that in all probability the majority are dependent upon some one of the organic changes that have been described as coexisting with this neurosis. The complaint, however, is evidently not due alone to organic change. All the changes described above have existed, and have yet been followed by no neuralgic pain. Then, again, individuals have suffered, for years, the most intense paroxysms of agony characteristic of this affection, and after death it has been impossible to detect any appreciable unnatural lesion. From this fact, then, it is probable that angina pectoris is a true neurosis or neuralgia, and, like so many of this class of diseases, is frequently purely functional in its character.

Duchenne relates a case that fully proves that this affection, in its most violent form, may not be due to organic lesion.* The patient was a man, aged 50, and for five months he had been tormented by the most distressing pains around the heart, which extended also into the left upper extremity. The first paroxysm came on suddenly after breakfast, without any known cause. There was no disturbance of appetite or digestion, but in spite of every treatment, the paroxysms returned whenever the patient took the least exercise. During a most severe attack, which was brought on intentionally by walking, the extremity of an induction apparatus, graduated to maximum intensity and working with very rapid intermissions, was applied to the nipple. As the man was thus faradized, he uttered such a loud shriek that it was necessary to break the current. The distress caused by the application had been excruciating, but of short duration, and was followed by complete relief of the pain of the angina. Less than a dozen applications resulted in a complete cure. Trousseau reports another case where the result of treatment by electrization was as immediate and favorable as the above.†

As illustrative of the best results that we have been able to obtain in the treatment of this remarkable disorder, the following case is presented.

The patient was a stout, vigorous man, aged 48, and for eighteen months he had been the victim of violent, sharp, shooting pains under the sternum, up to the left shoulder, and down the left arm. Frequently the neck would suffer, and occasionally the left leg.

Physical exploration gave no evidence of organic disease, and as it was impossible to find any external exciting cause, we attributed it to a "strange predisposition" on the heart of the patient, and regarded the case as an instance of idiopathic angina pectoris. When he moved

* Trousseau's Lectures on Clinical Medicine. Part III. Pp. 593.

* De l'Electrization Localisée, et de son Application, et a la Therapeutique. 2d edition. Paris. 1861.

† Lectures on Clinical Medicine. Bazire's Translation. Part 3. Pp. 615.

more rapidly than usual, or over-exerted himself in any way, he was liable to be seized with a violent sense of constriction in the chest, which caused him to feel as if about to die. In a moment the radiating pains described above would follow, and compel him to stop perfectly still. His appetite and digestion were but little, if any, impaired, yet from the first the frequency and severity of the attacks had gradually increased. As a rule, a paroxysm occurred every day, and frequently several times during the twenty-four hours. Occasionally, however, a week would pass without an attack.

We made use of general electrization with the faradaic current April 2d, 1867, when he was entirely free from any uneasiness. Three days elapsed before he again came to us, but during this interval the malady had not manifested itself.

Before administering the second application, the patient purposely brought on a paroxysm by violently swinging his arms and bending his body. In the midst of the pain the positive pole was suddenly applied over the nipple, and a very intense current sent through the body. With the rapidity of the passage of the electricity itself, the pain left him, and after the seance had closed, he found it impossible, by any effort he could make, to bring on another attack. At the next visit, three days subsequently, he was able, by very violent efforts, to bring on a paroxysm, but of far less severity than before. Similar treatment, by partial electrization, immediately relieved him. A few more applications were given, but during his visits to us he never succeeded in exciting another attack, that we might have the pleasure of subduing it. For several months after he was discharged as cured, he had no return of the angina. For a long time we have heard nothing from him, but it is fair to conclude that his recovery was complete and permanent.

As seen by the foregoing cases, the paroxysms of idiopathic angina may occur with the same frequency and severity as when they depend on incurable anatomical lesion. In all probability, however, it is impossible to obtain permanent relief in this affection, excepting in those instances where the cause is purely functional.

Those who have seen anything of this neuralgia, will agree that the exciting cause may be some very grave structural change, that escapes detection, notwithstanding the most careful physical examination. Manifestly then it is frequently impossible to give any intelligent prognosis, but yet it is a duty that we owe to our patient, to resort to every method of treatment that has been used in previous instances, with complete or partial success, or which in our judgment, seems adapted in any possible way to the case in hand. Angina pectoris, like neuralgia of other parts and organs, is undoubtedly at times a manifestation of a rheumatic or gouty diathesis.

We may have a retrocession of this rheumatic or gouty diathesis to the heart, and according to some to the lungs also, producing an incurable organic lesion that may result in this neurosis. A metastasis to the stomach, of either of the two diseases just mentioned, may give rise also, according to others, to symptoms of cardiac neuralgia. The gentleman whose case we will relate as illustrative of angina pectoris, was under the care of Dr. George T. Elliott, who directed him to us, that he might have the benefit of treatment by electrization. The patient was a stout plethoric man, somewhat advanced in years, beyond the middle period of life. He was perhaps what might be called a "high liver," and for years he had indulged in wines freely, although not to great excess.

He had on two or more occasions suffered quite severely from attacks of gout of the great toe, and very soon after recovery from the last attack, he began to experience slight symptoms of his present difficulty. The pain generally commenced in the chest, behind and a little to the left side of the sternum and extended to the shoulder and down the leg.

Occasionally, the symptoms would first manifest themselves in the leg, and then extend to the heart.

The paroxysms were never severe, so long as a quiet posture was maintained, but the exertion of ascending one or two flights of stairs, or walking a few blocks, almost invariably excited much pain, accompanied with a very distressing shortness of breath. The patient remarked as a singular fact, that while such slight efforts readily caused cardiac distress, it was possible for him to exercise quite violently with light dumb bells, and yet suffer from none of the evil effects that might from analogy be expected to follow. The first two applications, given in November 1867, were followed by no special results.

Treatment with a powerful faradaic current on a third occasion, considerably aggravated the symptoms. The fourth application, given with a milder current, worked an immediate change for the better.

The pain was immediately dissipated, and for two days until we saw him again, he was far

better than he had been for months. He walked a long distance without being at all oppressed in breathing, and at night he was quite comfortable, although heretofore his symptoms were as a rule, much aggravated at this time. On the left side of the neck, the application excited pain that proceeded toward the chest. On the right side, no such effect was noticed. Without detailing farther the incidents connected with this case, we will simply say that electrization, together with persistent medication, accomplished merely occasional and temporary amelioration of his distressing symptoms. It is true that physical exploration gave no evidence of organic lesion, but in consideration of the undoubted gouty diathesis, together with the persistent character of the symptoms, there could be no hesitation in declaring the existence of some irreparable structural disease. It is impossible to account for the temporary but marked amelioration that on different occasions followed the applications, without we refer it to the mild anæsthetic effect of the electric current.

That electrization exercises a very mild anæsthetic effect on irritated surfaces, we have repeatedly demonstrated.

In Dr. Beard's "Introduction to the Translation of Tobold's Chronic Diseases of the Larynx," attention was called to the fact that external electrization of the throat very markedly relieved the irritation produced by cauterization of the larynx. Quite recently, a French writer in the *Archives Generale*, states that he has observed the same effect from electrization of the uterus after cauterization of the mucous membrane of that organ.

## POISONING BY PHOSPHORUS. OIL OF TURPENTINE THE ANTIDOTE.

By Thos. E. Jenkins, M. D.,

Of Louisville, Ky.

Poisoning by phosphorus has become as frequent, of late days, as it was by means of arsenic in former times; indeed, the former has taken the place of the latter as the popular toxic agent at present. M. A. Tardieu informs us that in criminal statistics, phosphorus takes the first rank as the fashionable poison. This substitution of phosphorus for arsenic is doubtless brought about by the wide-spread use of chemical matches, and of phosphorous paste for the destruction of rats, mice, and other noxious vermin, and it is the more dangerous since up to this time no real antidote for this poison has been known.

In view of this state of things, M. Personne has made a number of experiments upon dogs, to discover, if possible, some agent with which to combat the deadly effect of this substance. Among other substances, he tried the oil of turpentine, and the sequel will show the success which has followed his trials. He made three series of experiments, using five healthy dogs in each.

The poison and the oil were introduced by means of a stomach-tube, and the dose of the former was from 1 to 3 decigrammes (1½ to 4½ grains) to each animal, given in the state of match-ends in some cases, and in the others the phosphorus was administered in solution in oil of sweet almonds emulsified by means of the yolk of egg. The poison was thus put into a condition most favorable for absorption, and for producing its toxic effect.

The oil of turpentine was employed in the dose of 10 grammes (154 grains) emulsified in like manner, and the experiments continued from the 13th of January to the 27th of February last.

The following results were obtained: The dogs submitted to the action of phosphorus alone all died; those to which the poison was given and its injection followed in from one to two hours by the antidote, showed the same symptoms as those above mentioned, and some were very sick; one only succumbed; the four survivors recovered perfect health, and were kept for ten to fifteen days, to watch if anything untoward would supervene. In series No. 3, the animals were given the poison, and immediately afterward the antidote; one of these died; the four others suffered a slight indisposition only, and were kept up for ten days to a month, without presenting any alteration in their usual health.

All to which no antidote was given, died; and eight of the ten to which the turpentine was administered, suffered no serious inconvenience.

The deaths which took place in the second and third series occurred on the 22d of January, when the temperature fell below freezing point, and the water to which the animals had access was congealed. This circumstance should not be lost sight of in attempting to account for the death of the two dogs which had taken the antidote. These dogs also were the ones subjected to the maximum dose of the poison with no increase in the dose of the antidote.

In explaining the action of the antidote in combatting the toxic effect of the poison, the subject presents two points of the greatest interest. The first is the modus operandi of the poison and

of the antidote; the second, the philosophical reasoning which doubtless led to the employment of the antidote.

Apart from the powerfully irritating action on the mucous lining of the stomach of the acid produced by the oxidation of the phosphorus while still lying unabsorbed in the cavity of that organ, this poison possesses an inherent deadly effect upon the blood itself, when taken into the circulation. Absorbed phosphorus kills by preventing proper hæmatosis; it engages the oxygen, and does not allow it to perform its usual functions of ærating the blood, of converting chyle and venous blood into the vitalized fluid. When this takes place rapidly, there is prompt death by asphyxia; when it occurs slowly, it gives rise to fatty degeneration, the result of faulty hæmatosis. (The disposition and accumulation of fat in individuals using phosphorus in minute doses as a medicine, was some time ago announced as a fact. Then the question whether the increase of fatty deposits be a normal process or a pathological one, would be pertinent. If it be a fatty degeneration in the sense it is generally understood, may we not ascribe the apparent improvement frequently observed in emaciated patients after a course of the hypophosphites, (easily oxidizable compounds,) rather to the change of one pathological condition for another, or the superinduction of a new pathological state?)

Now it has been long known that phosphorus, under ordinary circumstances, is slowly oxidized in the air, giving rise to a sensible increase of temperature, with perceptible evolution of light, especially when the action is observed in the dark. The phosphorus is also found to be covered with a film of acid, resulting from its oxidation. When, however, the atmosphere surrounding the phosphorus contains a minute proportion, the 1-4444 or more of its volume of the vapor of oil of turpentine, this slow oxidization is suspended until the surrounding temperature or the temperature of the phosphorus is by some means increased; then the amount of the vapor of turpentine must be greatly augmented to produce the same effect. The observations were made between 66° Fahr. and 200° Fahr., by Graham, of London, prior to 1850.

Oil of turpentine or its vapor would then serve to prevent the absorption of oxygen by the phosphorus in the blood, in a similar manner to that during the slow combustion at moderate temperatures in air, and thus the poison is stript of its property of depriving the blood of its essential, oxygen, and time is allowed for its elimination without causing serious disorder in the system.

It is here suggested that other bodies than the oil of turpentine may be employed as antidotes for phosphorus upon the same principle, for we know that at the ordinary temperature, 60° Fahr., and even at 150° Fahr., 1-150 of the vapor of ether, 1-450 of olefiant gas, and 1-1820 of the vapor of petroleum will produce the same effect as does the 1-4444 of the vapor of the oil of turpentine upon phosphorus in the atmosphere.

# Medical Societies.

## AMERICAN MEDICAL ASSOCIATION.

*New Orleans, May 4th, 1869.*

The American Medical Association met in the Mechanics' Institute, at 11 A. M.

The President, Dr. W. O. Baldwin, of Alabama, occupied the chair, assisted by Vice-Presidents Drs. Geo. Mendenhall, of Ohio, and S. M. Bemis, of Louisiana.

The Permanent Secretary, Dr. W. B. Atkinson, of Pennsylvania, and Assistant Secretary, Dr. A. J. Semmes, of Georgia were present.

The President invited to seats on the platform, Drs. Warren Stone and A. Lopez, of New Orleans, and ex-Presidents H. F. Askew, of Delaware, N. S. Davis, of Illinois, and Alden March, of New York.

The session was opened with prayer by Rev. Mr. Gallagher, of New Orleans.

Dr. T. G. Richardson, of Louisiana, Chairman of the Committee of Arrangements, welcomed the delegates to the city in an eloquent address.

He announced that the sessions would be held from 9 A. M., to 2 P. M.; and the sections would meet at 3 P. M., in the Mechanics' Institute and in the University.

The Committee of Arrangements reported the following as accredited delegates. There were from Arkansas, 2; Alabama, 26; Delaware, 1; Dist. of Columbia, 8; Georgia, 3; Illinois, 14; Indiana, 4; Kentucky, 14; Louisiana, 24; Michigan, 5; Minnesota, 1; Mississippi, 20; Missouri, 3; New York, 14; Ohio, 12; Pennsylvania, 12; Rhode Island, 2; Tennessee, 13; Texas, 7; West Virginia, 3; Wisconsin, 2; U. S. Army, 1; U. S. Navy, 2—193.

On motion of Dr. Richardson, a number of gentlemen were elected members by invitation.

The President then delivered the annual address.

On motion of Dr. H. F. Askew, of Delaware, it was referred to the Committee of Publication.

Letters were read by the Permanent Secretary from Drs. S. D. Gross, of Pennsylvania, W. Byard and W. Canniff, of Canada, and R. A. Kinloch, Chairman of Medical Society of South Carolina, expressing regret at their inability to be present on this occasion.

Reports of special committees were called for.

Disease of Cornea—No report.

Cultivation of Cinchona Tree, Dr. L. J. Deal, Chairman, reported progress, and, on motion of Dr. Toner, District of Columbia, Dr. T. Antisell, District of Columbia, was added to that committee.

Excision of Joints for Injuries—No report.

Alcohol and its Relations to Medicine—Dr. Jno. Bell, Pennsylvania, chairman, reported, and the report was referred to the section on Practice of Medicine, etc.

On the Cryptogamic Origin of Disease, with special reference to recent microscopic investigations on that subject—Dr. Edward Curtis, U. S. A. Chairman. Reported and referred to section on Meteorology and Epidemics.

On Operations for Hare-lip—Dr. A. Hammer, Missouri, Chairman. No report.

On Clinical Thermometry in Diphtheria—Dr. Jos. G. Richardson, New York, Chairman. Discharged at their own request.

On Prophylactics in Zymotic Diseases—Dr. Nelson L. North, New York, Chairman. Reported and referred to section on Meteorology and Epidemics.

On Inebriate Asylums—Dr. C. H. Nichols, D. C., Chairman. No report.

On the Influence of the Pneumogastric Nerve on Spasmodic and Rhythmical Movements of the Lungs—Dr. Thomas Antisell, D. C., Chairman. No report.

To Examine into the Present Plan of Organization and Management of the United States Marine Hospitals—Dr. D. W. Bliss, D. C., Chairman. No report.

On the Utilization of Sewerage—Dr. Stephen Smith, New York, Chairman. No report.

On the Influence of Quarantine in Preventing the Introduction of Disease into the Ports of the United States—Dr. Elisha Harris, New York, Chairman. No report.

On Nurse Training Institutions—Dr. Samuel D. Gross, Pennsylvania, Chairman. Reported and referred to Section on Practical Medicine and Obstetrics.

On Commissioners to aid in Trials Involving Scientific Testimony—Dr. John Ordronaux, New York, Chairman. Reported and referred to Section on Medical Jurisprudence, etc.

On Annual Medical Register, Dr. John H. Packard, Pennsylvania, chairman. Reported progress, and on motion of Dr. Mussey, of Ohio, it was

*Resolved*, That each State Medical Society be requested to prepare an Annual Register of all the regular practitioners of medicine in their respective States, giving the name of the colleges in which they may have graduated, and date of diploma or license.

On Devising a Plan for the Relief of Widows and Orphans of Medical Men—Dr. John H. Griscom, New York, Chairman. Reported, which was referred to the Committee of Publication.

On Veterinary Colleges.—Dr. Thomas Antisell, District of Columbia, Chairman. Reported progress and was continued.

On Specialties in Medicine, and the propriety of Specialists Adversing—Dr. E. Lloyd Howard, Maryland, Chairman. Reported, and was, on motion, made the special order for Wednesday at 12 M.

On Library of American Medical Works—Dr. J. M. Toner, D. C., Chairman. Reported and was, on motion of Dr. Davis, made the special order for Wednesday at 1 P. M.

On Vaccination—Dr. Henry A. Martin, Massachusetts, Chairman. No report.

On the Decomposition of Urea in Uræmic Poisoning—Dr. H. R. Noel, Maryland, Chairman. No report.

On the best method of Treatment for the different forms of Cleft Palate—Dr. W. R. Whitehead, N. Y., Chairman. Reported and referred to section on Surgery and Anatomy.

On Rank of Medical Men in the Navy—Dr. N. S. Davis, Illinois, Chairman, announced that their last year's report was final, and the committee was discharged.

The report on Medical Ethics by Dr. D. Francis Condie, Pennsylvania, Chairman, was read by Dr Davis and adopted.

On American Medical Necrology—Dr. C. C. Cox, Maryland, Chairman, reported progress, and was continued. On motion of Dr. Davis, Dr. Cox was authorized to fill all vacancies on his committee, occasioned by members failing to report.

Voluntary communications were presented by Dr. Joseph Jones, of Louisiana, on Mollities Ossium; and referred to Section on Surgery, etc.

On cases of Lead Palsy from use of Cosmetics, by Dr. L. A. Sayre, of New York. Referred to Section on Hygiene, etc.

On the Physiology and Chemistry of Longevity, by Dr. Cutler, of Mississippi. Referred to Section on Hygiene, etc.

On the Protective and Preventive uses of Quinine, by Dr. S. Rogers, of New York. Referred to Section on Practical Medicine, etc.

On the Tongue in Malarious Diseases, by Dr. Osborn, of Alabama. Referred to Section on Practical Medicine, etc.

On the Warm Cerebro-Spinal Bath in the Treatment of Congenital Apnœa, and on a New Method of Artificial Respiration, by E. D. McDaniel, of Alabama. Referred to Section on Practical Medicine, etc.

Reports on Climatology and Epidemics were received from Drs. Wm. Faulds Thoms, of New York; T. J. Heard, of Texas; F. W. Hatch, of California, and E. A. Hildreth, of West Virginia; which were referred to the Section on Climatology and Epidemics.

Reports of progress were received from Drs. R. C. Hamill, of Illinois; A. Sager, of Michigan; Wm. Compton, of Mississippi; and L. T. Pimm, of Louisiana.

On motion of Dr. Davis, the report on the Revision of the Plan of Organization, laid over from last year, was made the special order for Wednesday, at 10 A. M.

Papers relative to Medical Education were read and referred, on motion of Dr. Davis, to a special committe of five, to be appointed by the President.

The President appointed Drs. N. S. Davis, Ill.; P. F. Eve, Tenn.; E. S. Gaillard, Ky.; E. Lee Jones, N. Y.; and J. K. Bartlett, Wis.

On motion, adjourned until Wednesday, at 9 A. M.

SECOND DAY.—*Wednesday, May 5th.*

At 9 A. M., Dr. W. O. BALDWIN, the President, called the meeting to order. The reading of the minutes having been dispensed with, Dr. Richardson, the chairman of the Committee of Arrangements, presented the names of several candidates for admission, by invitation, to the Association, who were duly elected.

A paper on "A New Canula Needle for Applying Ligatures in Vesico-Vaginal Fistula," was presented by Dr. P. F. Eve, Tenn., and was referred to the Section on Surgery, etc.

On motion of Dr. J. M. Bush, of Ky., the following was adopted.

*Resolved*, That a committee of five members be appointed by the chair, to take into consideration the subjects alluded to in the President's address, and report at this meeting.

The President selected as members of the committee: Drs. T. Parvin, of Indiana, chairman; J. M. Toner, of the District of Columbia; A. M. Pollock, of Pennsylvania; S. M. Welch, of Texas, and S. D. Seeley, of Alabama.

Dr. McPheeters, of Missouri, offered a communication from the Medical Association of that State, in reference to medical education.

On motion of Dr. Toner, District of Columbia, it was referred to the special committee on that subject.

Dr. Eve offered the minutes of the Medical Society of Tennessee, relative to the same subject, which was similarly referred.

Dr. E. S. Gaillard, of Ky., offered the following preamble and resolutions, which were referred to the same committee.

*Whereas*, The medical teachers of America have, after a trial of twenty-two years, failed to meet satisfactorily and efficiently the requirements of the great body of the profession in regard to medical education; and

*Whereas*, The condition of the profession is yearly becoming more deplorable, on account of the antagonistic and objectionable policy of medical schools, in making the amount of fees charged, rather than a successful teaching, the basis of competition; and

*Whereas*, To obtain professionally competent graduates, sound and efficient teachers are indispensably necessary; and

*Whereas*, Such teachers, to be found throughout the country, cannot be induced to leave their homes without the assurance of competent remuneration; and

*Whereas*, Such remuneration can only be obtained by adequate fees charged, unless by a system of low fees the *number* of students be relied upon to make up the inevitable pecuniary deficiency; and

*Whereas*, Reliance upon numbers of students for this purpose deplorably crowds the already overcrowded professional field, diminishing thereby individual income, judgment, experience, and skill, thereby compelling practitioners to resort to other avocations as a source of supplemental income; and

*Whereas*, This devotion to other pursuits often destroys opportunities for study and improvement, degrading thereby the status and standard of American physicians; and

*Whereas*, The schools of New England, New York, Pennsylvania, Maryland, Virginia, South Carolina, Alabama, Georgia, Texas, Tennessee, and District of Columbia, now charge comparatively remunerative fees; and

*Whereas*, The low system of fees is charged in only a few of the Middle States, and can with advantage be made to conform to the rate of fees charged elsewhere; and

*Whereas*, It is as unethical for colleges to underbid each other pecuniarily, as for practitioners to do so,

*Resolved*, That hereafter no medical school in this country, other than those fully endowed, shall be entitled to representation in this Association, if the amount charged by such schools for a single course of regular lectures be less than one hundred and forty dollars.

*Resolved*, That all schools charging less than this sum are earnestly requested by this Association to advance their rate of fees to the amount mentioned.

The report of Dr. Chas A. Lee, of New York, the delegate to the Association of Superintendents of Insane Asylums, was offered and referred to the Section on Psychology.

The report of Dr. S. D. Gross, of Pennsylvania, delegate to Foreign Medical Associations, was presented, together with the letter to Dr. Ehrenberg, read and referred to the Committee of Publication.

The time having arrived for consideration of the Revision of the Plan of Organization, it was, on motion, taken up.

On motion of Dr. Hibberd, the following amendment to the Constitution, offered last year, was adopted.

Add to Art. VII. the following: "Provided, however, that when an amendment is properly under consideration, and an amendment is offered thereto, germain to the subject, it shall be in order, and if adopted, shall have the same standing and force as if proposed at the preceding meeting of the Association."

On motion, the following amendments to the Constitution, offered last year, were adopted:

II. MEMBERS.

In this section, second paragraph, fourth line, insert after the words "United States," the words "from the army and navy."

In fifth paragraph, third line, insert after the word "member," the words "or whose name shall have been, for non payment of dues, dropped from the rolls of the same;" in fifth line (same paragraph) after the word "sentence," read "or disability;" in sixth line, after the word "society," add the following: "Or shall have paid up all arrears of membership; nor shall any person, not a member and supporter of a local medical society, where such a one exists, be eligible to membership in the American Medical Association."

In seventh paragraph, fifth line, strike out the remainder of sentence after the word "by," and insert the words "at least three of the members present, or three of the absent permanent members." In ninth line, after the word "delegates," add the words "except the right to vote."

In eighth paragraph, fifth line, add after the word "delegates," the words "and comply with the requirements of the By-Laws of the Association."

In ninth paragraph, third line, insert after the word "must," the words "exhibit his credentials to the proper committee."

III. MEETINGS.

In first paragraph, third line, strike out after the word "shall," the words "never be the same for any two years in succession, and shall."

After the ninth paragraph insert the following new sentence: "Corresponding members shall consist of such medical gentlemen, eminent in their profession, residing out of the United States, as the Association shall, from time to time, elect."

IV. OFFICERS.

In first paragraph, third line, after the word "Treasurer," insert the words "and Librarian." In second line, after the word "Secretary," strike out the article "and."

The following amendment was, after much discussion, unanimously rejected: In the third line, after the word "Librarian," insert the following new sentence: "The President shall be nominated and balloted for in open convention, and shall be elected only from those who have attended at least five annual meetings of the Association; and if, on the first ballot no person receives a majority of the votes cast, the second ballot shall be confined to the three highest on the list; should no choice be then made, the candidate lowest on the list shall then be dropped. In the event of a tie on the third or succeeding ballot, the President shall decide by a casting vote."

The following were adopted:

After eighth paragraph insert a new paragraph as follows: "The Librarian shall receive and preserve all the property in books, pamphlets, journals and manuscripts presented to or acquired by the Association, record their title in a book prepared for the purpose, acknowledge the receipt of the same; and he shall also be a member of the Committee of Publication."

V. STANDING COMMITTEES.

In second paragraph, second line, insert after the word "members," the words "of whom the Assistant Secretary shall be one."

In third paragraph, first line, strike out the word "and." In the second line, after the word "Treasurer," read "and Librarian."

VI. FUNDS AND APPROPRIATIONS.

In first paragraph, fifth line, insert after the word "the," the word "delegates and permanent." In same line strike out the word "individual."

VII. PROVISION FOR AMENDMENT.

In the first paragraph, fourth line, strike out the word "members," and insert the word "delegate."

BY-LAWS—III. STANDING COMMITTEES.

In second paragraph, ninth line, strike out all after the word "resolution."

In third paragraph, fourth line, after the word "receive," insert the word "original." In same line, after the word "any," insert the word "medical."

In third paragraph, eleventh line, strike out the word "volunteer," and insert the word "original."

In sixth paragraph, second line, after the word "State," insert "and Territory." In the fourth line strike out the words "our country," and insert the words "their respective States and Territories." In same line strike out all after the word "and," and insert the words "shall transmit them to the chairman of this committee on or before the first of April of each and every year."

V. ASSESSMENTS.

In fourth line strike out the word "the," and in same line all after the word "expenses," to the end of the sentence.

In second paragraph, first line, strike out all after the word "invitation," and insert the following sentences: "Permanent members not in attendance shall transmit their dues to the Treasurer. Any permanent member who shall fail to pay his annual dues for three successive years, unless absent from the country, shall be dropped from the roll of permanent members."

On motion of Dr. Davis, of Illinois, the amendment was amended as follows: "After having been notified by the Secretary of the forfeiture of their membership."

The amendment was adopted as amended.

The following were adopted as read:

VII. DELEGATES TO FOREIGN MEDICAL SOCIETIES.

In first paragraph, fourth line, after the word "Europe," insert the words "or other foreign countries."

X. OF THE PREVIOUS QUESTION.

When the previous question is demanded, it shall take at least twenty members to second it, and when the main question is put under force of the previous question and negatived, the question shall remain under consideration the same as if the previous question had not been enforced.

A recess was taken to allow the selection of members of the Committee of Nominations.

On reassembling, the Permanent Secretary announced the following as the Committee on Nominations:

New York—J. C. Smith; Delaware—H. F. Askew; Pennsylvania—A. M. Pollock; Kentucky—H. M. Skillman; Tennessee—J. B. Lindsley; Mississippi—W. Y. Gadbury; Alabama—Jerome Cochran; Ohio—Jno. Townsend; Indiana—B. S. Woodworth; Illinois—T. D. Fitch; Wisconsin—H. Van Dusen; Missouri—J. S. Moore; Michigan—J. B. White; Georgia—R. D. Arnold; Louisiana—S. Logan; Texas—S. M. Welch; Minnesota—C. N. Hewitt; Arkansas—R. G. Jennings; West Virginia—W. J. Bates; Rhode Island—G. L. Collins; District of Columbia—L. W. Ritchie; United States Army—J. J. Woodward; United States Navy—F. E. Potter.

Dr. S. E. Chaille, of Louisiana, submitted a proposition for a common medical nomenclature in the United States, taking as a model an official publication on the subject, by the Royal College of Physicians of London, and offered the following resolutions, which were adopted:

*Resolved*, That a Committee of five be appointed by the President, to report, as soon as practicable, to the present session of this Association, upon the following:

1. The propriety of adopting, and using its influence to have adopted, by the entire medical profession in the United States, the provisional "Nomenclature of Diseases of the Royal College of Physicians."

2. On the practicability of having this nomenclature published in such manner as may render it easily and cheaply accessible to every member of the profession.

3. To recommend such other practical measures for the action of this Association as may be necessary to introduce this nomenclature into official (military, naval, etc.,) and general use.

The Chair appointed the following gentlemen as the Committee: Drs. S. E. Chaille, La., Chairman; J. J. Woodward, U. S. A.; A. B. Palmer, Mich.; J. F. Huestis, Alabama, and F. G. Smith, Pennsylvania.

Dr. Cochran, of Alabama, offered the following amendments to the Constitution, which were laid over under the rules:

1. Section 2. paragraph 1—That the clause, "as members by invitation," be stricken out.

2. That the second paragraph be stricken out.

3. That of paragraph fourth, all shall be stricken out except the first sentence.

4. That paragraph seven, of "members by invitation," be stricken out.

The reports of the Committee of Publication, and the Treasurer, were read, accepted, and referred to the Committee of Publication.

On motion, the Committee on Nominations were permitted to retire for consultation.

The special order for 12 o'clock being the report on Specialists, it was read by the Secretary, and, on motion of Dr. Sayre, the resolutions were adopted, and the report referred to the Committee of Publication.

Dr. L. P. Yandell, Jr., of Kentucky, offered the following, which was adopted:

*Resolved*, That private handbills, addressed to members of the medical profession, or by cards in medical journals, calling the attention of professional brethren to themselves as specialists, be declared in violation of the Code of Ethics of the American Medical Association.

The special order for one o'clock being the report on American Medical Library, Dr. Toner, Chairman, read the report.

After some discussion, on motion of Dr. Hibberd, of Indiana, the report was accepted.

Dr. Davis, of Illinois, offered the following resolutions, which were adopted.

*Resolved*, That the proposition of the Librarian of the Congressional Library be accepted.

*Resolved*, That a Committee of one be appointed, residing at Washington, to render the Librarian of Congress such assistance as the interests of the Association may require.

The Report on Medical Education, Dr. J. C. Reeve, Ohio, Chairman, was presented, and, on motion of Dr. Hibbard of Indiana, it was made the special order for 10 o'clock on Thursday.

The Committee on Prize Essays offered the following:

The undersigned appointed Committee on Prize Essays at the session of 1868, respectfully report:

They have received but two essays—one upon "the Physiological effect and Therapeutical uses of Atropia and its salts;" the other upon "Quinine as a Therapeutic agent." They agree to present both of these essays to the Association, and to recommend the award of a prize of one hundred dollars to each of them.

S. M. Bemiss, Chairman.
C. Beard,
Joseph T. Scott,
S. A. Smith.

The Secretary broke the seals, and announced that Dr. S. S. Herrick, of New Orleans, was the author of the paper on quinine, and Dr. Roberts Bartholow, of Cincinnati, was the author of that on atropia. The report was accepted, and with the papers referred to the Committee of Publication.

Remarks upon certain points referring to success in the operation of vesico vaginal fistula by M. Schuppert, M. D., of New Orleans, La.

On motion of Dr. Davis, the Sections were authorized to meet at 3½ P. M., in place of 3.

A Communication from the Gynæcological Society of Boston, was read by the Permanent Secretary, and, on motion of Dr. Davis, was laid upon the table.

Dr. D. W. Booth, of Mississippi, offered the following preamble and resolution, which was adopted.

*Whereas*, The proper construction of Art. 4, Sec. 1, Code of Ethics, A. M. A., having been called for, relative to consultation with irregular practitioners, who are graduates of regular schools;

*Resolved*, That said Art. 4, Section 1, Code of Ethics, A. M. A., excludes all such practitioners from recognition by the regular profession.

On motion, the Association adjourned until Thursday at 9 A. M.

Third Day.—*Thursday, May 6th.*

The Association met at 9 A. M., the President in the chair.

Dr. Parvin, of Indiana, Chairman of Committee on the President's address, reported as follows:

We cannot refrain, before entering upon the consideration of the plan recommended by the President, for the improvement of medical education, from gladly expressing our high appreciation of the general tone of this address, of the broad and catholic spirit which pervades it, finding expression in earnest and eloquent words—in brief, we believe the address worthy the perusal of every member of the profession, in that it was worthy the memorable occasion, and is worthy the annals of medicine.

On the other hand we cannot refrain, with sadness be it said, from acknowledging the truth of the terrible allegations made against the present condition of medical education, and the little success attending the efforts for improvements in such connection, made during a score of years.

The special recommendation made by the President is in these words:

"I would advise that we appoint a committee of our wisest and best men to digest a plan for one or more National Medical Schools, and to memorialize Congress in behalf of the enterprise. Let the plan embrace as a basis the features presented by the Cincinnati Convention of Teachers; let these schools or universities confer such distinctions and privileges as will be proportionate to the superiority they demand, and such as will make the attainment of their diploma an object of the ambition of those who engage in the study of medicine; let the choice be open to all aspirants, and the appointment or election of professors so guarded as to secure the very highest talent, the most profound learning with the most fully demonstrated capacity for teaching. Make the salaries of the professors large, and not to depend upon the number of students; and let the Federal Government assume a proper share of the expenses incurred."

Your committee express their hearty approval of this general plan, but suggest that the effort at first should be for the establishment of but a single school; as more feasible, and beside one such institution would be a model which other medical colleges might in time be induced to imitate in extent, duration and thoroughness of teaching, in rigidness of requirements for the degree of M. D.

We likewise desire to say that when the details of this general plan are thrown into form there should be the amplest security against the places and the power of such a medical college as designed ever falling into the hands of politicians or the proteges of politicians. Medicine is higher than politics, broader than political creeds and party platforms.

In conclusion, your committee reiterate the recommendation of the President as to the appointment of a committee for the special purposes referred to.

On motion of Dr. Hibberd the report was adopted, and on motion of Dr. Davis the committee was ordered to consist of five. The President appointed Dr. F. G. Smith, of Pennsylvania; Dr. D. H. Storer, Massachusetts; Dr. E. S. Gaillard, of Kentucky, and Dr. Joseph Jones, of Louisiana.

On motion of Dr. Davis, of Illinois, the President, Dr. W. O. Baldwin, was added to the committee.

Dr. Palmer, of Michigan, submitted the following amendments to the by-laws, which were adopted:

Amend section 11 of by-laws by inserting in place of the clause after "6 Psychology," "each section, etc., these words: The Chairman and Secretary of the several sections shall, like other officers of the Association, be nominated by the Special Committee of one member from each State represented at the meeting, and elected by a vote on general ticket. They shall hold their office until the close of the proper business of the annual meeting next succeeding their election, and until their successors are appointed.

Modify next paragraph thus; "papers appropriate to the several sections in order to secure consideration and action must be sent to the Secretary of the appropriate section at least one month before the meeting which is to act upon them. It shall be the duty of the Secretary to whom such papers are sent to examine them with care and with the advice of the chairman of his section, to determine the time and order of their presentation, and give due notice of the same, and after their full examination and discussion by the section, they shall be sent to the Permanent Secretary of the Association.

All papers presented directly to the Association, and other matters may, at the discretion of the Association, be referred to the various sections for their consideration and report.

The President appointed as Delegates to the British Medical Association the following gentlemen:

Dr. N. Pinckney, U. S. N.
Dr. R. R. McIlvaine, Ohio.
Dr. J. F. Hibberd, Indiana.
Dr. Harvey Lindsley, D. C.
Dr. G. C. Blackman, Ohio.

To the Canadian Medical Association:

Dr. Alden March, New York.

He also appointed as the Committee on Ethics, Drs. L. A. Sayre, N. Y.; J. M. Toner, D. C.; H. F. Askew, Del.; R. D. Arnold, Ga.; L. A. McCluskey, Ala.

Dr. Hibberd presented a handbill put out by Dr. J. B. Buchtil, of Terre Haute, Indiana, and charged irregular practice in this conduct. The paper was read, and referred to the Committee on Ethics.

Dr. Davis read a report of the meeting of Editors, and presented the following from the Association of American Medical Editors:

*To the American Medical Association:*

I have been instructed to announce to your honorable body, that those members of your Association in attendance on this annual meeting, after proper consultation, have effected a permanent organization, with the title of "The Association of American Medical Editors." The objects of this organization are the cultivation of friendly relations, mutual assistance, community of effort and views, where possible, in system of receiving foreign exchanges, and sending our own journals abroad; concert of action in support of improvements in the present system of medical education, and of a higher standard of preliminary attainments for those who propose to enter upon the study of medicine; in proposing laws for the proper registration of births, marriages and deaths; in collecting the names of all the regular practitioners in the several States, and in promoting generally the value and efficiency of our periodical medical literature. The Association thus formed is to hold its annual sessions on the day preceding the annual meetings of this body, and in the same localities. Dr. W. S. MITCHELL, of New Orleans, is the Permanent Secretary, and Dr. J. B. LINDSLEY, of Nashville, Tenn., the Assistant Secretary. Congratulating your honorable body on the establishment of another organized power within

the ranks of your noble profession, I remain yours, most truly, N. S. Davis, Editor,
President of Association of American Medical Editors.

Referred to Committee of Publication.

The Secretary presented a paper from Dr. Walsh, of Georgia referring to the action of the Georgia Medical Society in his case. Referred to the Committee on Ethics.

Dr. Parvin, of Ind., read the report of Dr. J. C. Reeves, of Ohio, on Medical Education, which had been made the special order for 10 o'clock, A. M. The report was adopted, and referred to the Committee of Publication.

[Remainder next week.]

## THE SUMTER COUNTY (ALA.) MEDICAL SOCIETY.

The Sumter County Medical Society met this morning, according to adjournment.

The president being absent, Dr. E. H. Sholl took the chair. Dr. A. H. Smith, president, having removed from the State, Dr. E. H. Sholl was elected President, and Dr. J. M. Godfrey, Vice-President.

Dr. R. D. Webb read, by appointment, an essay upon "*Death*," in which, viewing death as the correlative of life, he drew attention to different phases of ideas through which the mind has passed in regard to *force* and *matter*, and compared them with similar changes which our ideas have undergone in regard to *life* and *matter*. In the former there were three. (1). Entire disconnection, force being a separate entity. (2) Partial connection, force being a subtle fluid pervading matter, and (3) Inseperable union, force being a *property* of matter, the result of changes in its molecular arrangement, the different forms in which it is manifested, being but the conservation of inherent forces.

So in life the older physiologists believed it a separate entity, superadded to matter, controlling its actions, and removing it from the influence of physical laws. Next it is a subtle fluid (animal spirits) pervading matter, and to some extent removing it from the influence of physical laws; while at present, the medical mind is beginning to recognize it as inseparable from matter, and dependent for its various phenomena upon changes which occur in the molecular arrangement of *organized matter* under the influence of physical stimuli.

This was maintained by reference to the known physical action of many of the vital acts, and also by examples from the inorganic work, when very different properties are manifested in substances of the same chemical composition by a change of relation in its molecular arrangement.

Life was the result of *specific organization*, so *death* was the result of disintegration in this organization; and that just in proportion as this organism was destroyed, so most of life was lost; and to the same extent death approached life, in the higher organisms, was divided into organic and animal, so death was *organic* and *animal*.

The organism was compared to the engine, whose motor power was generated in the conservation of forces in the disintegration of coal and water, under the stimulus of combustion, and then combined and utilized by the mechanical arrangement of the various parts of the engine. So the motor power of the animal organism originated in the combustion of the tissues of the body, which through the mechanical arrangement of the various organs it was utilized, and manifested in vital phenomena.

Thus death might commence through a failure of these changes, whereby the motor power becomes deficient, or in an inability of the animal organism to utilize these forces, in consequence of the failure of some vital organ. In this way death may seem to be the result of the conservation of the forces of life.

Thus, while to the physiologist organic death was a subject of the greatest interest, to the practitioner it was equally necessary to guard against its insidious approaches, as it was to recognize the more patent terminus of life, designated as animal death.

Obstetrical cases were reported by Dr. Kinnard and Sholl, which gave rise to the discussion of the use of chloroform in obstetrics, in which Drs Houston, Godfrey and others participated.

The special subject of discussion "veratrum viride" was then taken up, and a few expression of opinion had, which showed a general concurrence of the members in its utility as a therapeutic remedy, and its benficial action in fevers and inflammation, where an arterial sedative was indicated. It was used by most of the members in pneumonia, in the first stage, so long as the pulse was full and steady.

The Society adjourned to meet in Livingston on Tuesday, November 2d, 1869.

R. D. Webb, *Secretary*.

*Livingston, May 4th*, 1869.

—— A man advertised for "competent persons to undertake the sale of a new medicine," and adds, that it will be profitable for the undertaker.

# Editorial Department.

## Periscope.

### Opium in Diabetes.

F. W. Pavy, M.D., F.R.S., Senior Assistant-Physician to, and Lecturer on Physiology at Guy's Hospital, has in the *British Medical Journal* the following remarks on this topic.

Contained in the number of the *British Medical Journal* for April 10th, I noticed a communication from Dr. Basham, entitled, "Observations on the Successful Treatment of Diabetes by Alkalies and the Phosphatic Salts of Ammonia, with Limited Restriction of Diet." A case which which I brought forward at the Clinical Society toward the close of last year, that had been treated successfully without restriction of diet, is there alluded to. The medicinal agents administered in this case consisted of opium in increasing doses until the quantity reached twelve grains per diem, and a mixture containing the bicarbonate of potash and aromatic spirit of ammonia.

What is said by Dr. Basham leads me to offer a few remarks, because the inference is conveyed that the result might have been attributable to the alkalies, and not to the opium. I am quite ready to admit that it would have been more satisfactory for the sake of conclusiveness, if the alkalies had not been administered; but I am at the same time convinced, from what I have seen in other cases, that they had little or nothing to do with the rapid arrest of the discharge of sugar that occurred.

I know of no medical agent that is capable of exerting a controlling influence over the complaint like that exerted by opium. In common with others, I have employed alkalies and ammonia largely in diabetes, and am well familiar with the kind of effect to be looked for. I have been of opinion that they produce a slowly beneficial action in the complaint; but never have I observed any immediate effect of a marked nature that could be attributed solely to their influence. With opium, on the other hand, the effect is so striking that there can be no question of its reality. In my communication to the Clinical Society, besides the case above alluded to, two others were mentioned, in both of which the sugar was removed—in the one instance by opium, and in the other by morphia. In these cases there was no other agent administered. They were cases of disease in middle-aged subjects. The sugar was reduced as far as it could be by a restricted diet; and then, under the influence of the morphia and opium, it was entirely removed.

There is also at the present time a patient in No. 1 bed, John Ward, Guy's Hospital, a most instructive case bearing on the point in question. It is the same patient to whom I administered the ozonic ether without observing any beneficial effect, and whose case, in reference to this agent, I mentioned in the *Lancet* a few weeks ago. The man, a middle-aged person, was passing, under a restricted diet, about six pints of urine, containing upward of three thousand grains of sugar, in the twenty four hours. At first, after the ozonic ether had been discontinued, morphia was administered in gradually increasing doses, beginning with half a grain three times a day. The quantity of urine and sugar from day to day declined, and in the space of about three weeks, disappeared altogether; the quantity of morphia administered at this time being a grain and three-quarters three times a day. After a little while, the morphia was taken off; and in a week's time the sugar began to reappear; and went on from day to day increasing. This state of things was allowed to continue for about a fortnight, when opium was given; under its influence the sugar has again disappeared. I merely here allude to this case; the patient, being still in the hospital, may be seen by any one desirous of doing so.

Of what service as a curative agent, opium, in larger doses than it has been customarily given, may prove in cases in general, I do not at present pretend to say. Much more extended observation is required before this point can be determined. Whatever may happen to be disclosed by subsequent experience, it cannot be denied, I think, that we have before us an important therapeutic fact. The woman whose case formed the basis of my communication to the Clinical Society has been seen by me from time to time, up to as recently as a fortnight back. She has taken no opium or other kind of medicine since October last; has been living (as she did when under treatment) upon an ordinary mixed diet, and has been passing urine devoid of sugar. Her case, in fact, up to the present time, forms an example of a direct and perfect cure.

I have a patient under treatment, also in John Ward, to whom I have been lately giving the carbonate of ammonia in a much larger extent than it is usually administered. One hundred grains in the twenty-four hours have been taken. At the commencement it was given without a restricted diet; then discontinued; and after the patient had been for a few days upon a restricted

diet, given again. At first, the effect observed was an increase both in the amount of urine and sugar. Since, however, a marked improvement has occurred.

### The Value of Medicine.

Sir Thomas Watson, in retiring from the presidency of the Clinical Society of London, gave a very appropriate as well as very brief address, from which we extract the following sensible remarks, as found in the *Medical Times and Gazette.*

"It seems to have been thought, in some quarters, that I had renounced my faith in physic—that I undervalued the resources and the usefulness of our art. Such a notion is the very reverse of the truth. I am anxious to have the effects of remedies carefully ascertained and certified, just because I have so great faith in their real force. What I deprecate, what I would fain see altered, what it is one great end of this Society to do away with, is the vagueness of aim, the uncertainty of result, the merely tentative nature of too many of our prescriptions. Far from thinking that our warfare with disease is a vain warfare, I am only desirous that our arms should have the precision of the modern rifle, instead of the wild flight of the old-fashioned smooth-bore. Probably I have even greater reliance than many physicians upon the virtues of drugs—of what used to be called simples—a word I like, because it helps continually to suggest to one's mind the golden rule, that their administration should be simple; that they should be mixed as little as possible with other substances which might confuse and vitiate the conclusions to be drawn from their actual operation. I am one of those who hold to the doctrine—always within its proper limitations, the limitations assigned by Bacon—the doctrine of final causes, so despised by modern philosophy. I believe that those subtle essences which human research and ingenuity have succeeded in deriving from various substances in nature, and which, when applied to the human body, sometimes even in very minute quantities, have a potency so marvellous as to abolish pain, to compel sleep, to extinguish fevers, to stop for long, perhaps forever, the recurrence of paroxysms of epilepsy, which had contined to recur for years, were implanted in those substances by the Creator, among other uses, it may be, for these very services to mankind, and that there lie concealed in other substances, and especially in the vegetable kingdom, many analogous healing powers, which it is a part of man's mission and privilege, and will be his great regard, to search after and discover."—*N. Y. Med. Journal.*

### A New and Improved Method of Preserving Pathological and Anatomical Specimens.

Dr. Wm. H. De Camp, of Grand Rapids, Michigan, has the following communication in the Transactions of the Michigan State Medical Society.

While we were marching through Tennessee and Mississippi in 1862, I had abundant opportunites for collecting fish and other objects of natural history, which would be of little interest unless they could be so preserved as to retain their colors.

From what I had seen in museums, and those I had myself preserved in alcohol, or Goodby's Fluid, I had learned that a loss of color was always to be looked for.

I therefore decided to try and discover some method that would obviate *this* objection, at least. From a series of experiments then commenced, and not then completed, I have been rewarded with results *too important* not to be brought to the notice of our profession.

I first learned that any oil or other substance not capable of extracting the greater portion of the water naturally contained in a specimen, would cause it not only to decompose, but also to macerate, no matter how hermetically sealed it might be. I have at last found that to preserve a specimen with its colors the nearest natural, requires so much of the water *only* to be extracted by the preserving fluid as will prevent the macerating of the tissues.

After trying the articles and compounds that I could learn had ever been used for this purpose, I found them all failures in the direction I was looking. *All* the experiments, have also satisfied me that there is no means of endosmotic action that will supply to the specimen a material capable of preventing shriveling, or shrinkage.

The best combination I have as yet found for my purpose, has been that of sugar, water and alcohol, and either chloride of zinc or carbolic acid.

The proportions of these have to be varied according to the transparency desired in the particular specimen being prepared.

For most articles the following formula is the nearest correct:

℞. Syrupus simp. (saturated strength.)
Aquæ, āā Oj.
Alcohol, 69 per cent. f℥iv.
Acid. carbolic, ℥j. M.

The specimen requires to have the blood re-

moved by maceration (as it is soluble in this solution) or it will discolor the fluid.

The best menstruum for this purpose is some of the same compound, and then a transfer to the permanent solution, after a few days or weeks.

Specimens preserved in this manner have nothing of the offensive odor which makes specimens so disgusting when required to be handled for examination.

The specimens presented here will give a good illustration of its properties, as you can see, by some of the labels, that some of them were put up in 1863.

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**Hydrophobia Treated by the Russian Bath.**

The Chicago *Tribune* relates a case of rabies canina recently treated by the Russian bath in Chicago, according to the recommendation of Dr. Buisson, whose views have already been adverted to in our journal.

A young man, named William Goodwillie, was bitten on the right hand by a small cur, *not* supposed to be mad. About seven weeks afterward he worked very hard, especially on Friday and part of the following day. On Saturday afternoon he complained of pains in his bones and physical prostration. He dropped work and sat down, remarking that he was going to have smallpox or hydrophobia. He barked in a playful way, and tried to treat the matter as lightly as possible. He went home subsequently, and laid down on the bed. The night passed quietly. The disease was gathering in force for the final charge. Sunday morning he arose and partially dressed himself. He went to the washstand to make his toilet. That was the end of his sanity. He was seized with convulsions, alternating with furious delirium. The next day, as his symptoms were rapidly increasing in severity, his medical attendants recommended the vapor bath. He was placed in a close carriage, and conveyed to the bath-rooms. The moment he entered the vapory atmosphere of the bath house, his madness increased, and, distending his mouth to its widest reach, he nearly choked himself in vain endeavors to expectorate.

When the bath was ready, a pair of handcuffs were placed on his wrists, and he was forcibly thrust into the little air-tight closet called a bath-room. The steam is forced into the chamber from underneath, and as the effects made themselves perceptible, he became furiously frantic. His yells were loud and appalling, and much resembled the bark of a dog. He stamped his bare feet on the floor, beat the sides with his head and manacled hands, and otherwise behaved himself in a manner that was terrible to hear, and froze the blood of those in waiting. Gradually the heat was increased, and in the course of five minutes 125° Fahrenheit was reached. At this stage a body fell to the floor, and then all was still. The heat was then increased to 136°, and shut off. A minute or two after, the attendant entered the little chamber, and conveyed the almost inanimate form into an adjoining room. Cold water was thrown on his face, and he began to breathe slowly. Under the application of more water, respiration increased perceptibly, and hopes were expressed that the remedy had proved efficacious. But soon he began to foam at the mouth; his breath came slow and heavily, and about ten minutes after he was taken from the bath-room he expired.

It is not clear to us that this was a case of rabies canina, and so far as the bath is concerned, it has been recommended rather as a prophylactic, than a curative procedure.

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# Reviews and Book Notices.

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**Œsophagotomy for the Removal of Foreign Bodies; with a History of the Operation.** Second edition, revised. By David W. Cheever, M. D., pp. 84. Boston: James Campbell, 1868. *Price*, $1.50. From Claxton, Remsen and Haffelfinger, Market street.

The bulk of this brochure is devoted to the history of three cases that came under Dr. Cheever's own observation. The operation would seem to be justifiable, and should undoubtedly be resorted to after the exhaustion of milder methods of extraction. Dr. Cheever makes no mention of the bristle probang described in the Half-Yearly Compendium of Medical Science, No. 3, January 1869, p. 283. The history of œsophagotomy and a tabular exhibit of recorded cases constitute a valuable feature of this little work.

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**A Treatise on the Function of Digestion; its Disorders, and their Treatment.** By F. W. Pavy, M. D., F. R. S., Fellow of the Royal College of Physicians, etc. etc. From the second London edition. Pp. 246. Philadelphia: Henry C. Lea, 1869. *Price* $3.00. From the publisher.

This monograph on a very important subject, that almost daily in one way or other comes under the notice of the physician, gives a brief and condensed resumé of the function of digestion, and its various derangements. The subjects are all very briefly considered, but the observations are condensed eminently practical, and well adapted to the use of the general practitioner. This belongs to a class of books that are of special value to the physician. It is issued in the neat style so characteristic of the well-known publisher.

Medical and Surgical Reporter.

PHILADELPHIA, MAY 29, 1869.

S. W. BUTLER, M.D., & D. G. BRINTON, M.D., *Editors.*

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

## LOCALITY AND DISEASE.

Certain diseases are called endemic because they characterize given localities. They are always found there, and only rarely and for short periods extend to other districts.

The causes of this endemism are very obscure, and have not yet been studied with the care they deserve. For on a full appreciation of the relation which man bears to his surroundings in a pathological point of view, depends the efficacy of our prescriptions of change of climate in disease. It is eminently unsatisfactory to the intelligent physician to be obliged to tell a patient some change is necessary. Why is it necessary? and furthermore *what* change is advisable? Except the local factors in the present case be known, how little rational advise can we give!

With increased facilities for locomotion, it is becoming more and more fashionable to send patients who can afford it, to some spring or bathing place in summer, and either to the dry interior northwest, or the warm moist south in winter. Usually the recommendation is made, hit or miss, because the doctor has recently read some article in a medical journal, in praise of the locality he names. As to its precise physical geography, its climate, soil, temperature, winds, moisture, accommodations etc., etc., he is usually in contented ignorance.

Even physicians who have opportunites of knowing, who live at a locality or have visited it, are rarely good authority. They have few data of comparison, they wish to praise a spot in which their practice is, or where they enjoyed themselves, and will condemn it if they had a disagreeable time, or knew of a few cases who grew worse.

These reflections impressed us on reading an article in a late number of the *Medical Record*. Its author, Dr. Mattocks, is a resident of Minnesota, and aims to give a very favorable impression of the climate of that state. He is right, for it is a good climate for many cases, but his arguments show how superficially this important subject is treated by American writers. The very fact that he bases his reasoning on the causes of deaths in the census returns of 1860, is enough to damage his statements. All, he says, will be benefitted by going to Minnesota, for whom a tonic course of treatment is advised. This is a wide statement indeed, and shows how lax physicians are in their advice.

Dr. Bowditch in recent numbers of the *Atlantic Monthly* lays great stress on *dampness* as the cause of consumption. This is his hobby. Yet it is notorious that the climate of Key West, one of the dampest in the world—though fogs are unknown and rains scarce—is admirable for this complaint. Dr. Mattock, however, seems to think that dampness is to be estimated by the annual rain fall—certainly a novel method of estimating it.

## EDITORIAL CHAFF AND CHAFFING.

In a recent editorial article the New York *Medical Record* has this to say about Philadelphia as compared with Boston and New York.

"Most of the leading physicians of Boston and New York do not now require the stamp of Paris, or Vienna, or Berlin, on their medical ideas, provided they are really true and good.

"If any physician, young or old, in these two cities has any new truths of his own to present, he has himself to blame if he is not well received.

"We are not entirely without hope that, in the distant future, even Philadelphia—so glorious in the past of our medical science—may yet rise again to the level of our times, and ceasing to persecute, may learn to love; may give her truly noble leaders in science less reason to express the wish that their lines had fallen in more favorable places, and thus may do something toward regaining the sceptre of medical power which she has so passively allowed to slip from her grasp."

There is just enough truth in this statement for it to be disagreeable to us. Our cotemporary cannot wonder if we sit restive under it. Persons who say impalatable facts so roundly, deserve hard words in return. Where is their "*savoir vivre?*"

As if Philadelpha had not the grandest colleges the most distinguished surgeons, the most eminent physicians! Why should the fact that a

few Old Men of the Sea in the shape of venerable medical fogies sit astride of science here, be thrown in our faces? It is a fault that time will heal.

### A LAW REGULATING CHEMISTS AND DRUGGISTS.

THE NEW PHARMACY ACT, which went into operation in England at the commencement of this year, provides that no person can commence business as a chemist and druggist in Great Britain without being registered as such, after examination. Two grades in the profession are established, to wit, "Chemist and Druggist," and "Pharmaceutical Chemist." To obtain the subordinate title of chemist and druggist, it is necessary to pass a minor examination in prescriptions, practical dispensing of medicine, pharmacy, materia medica, botany and chemistry. The candidate must be able to read prescriptions without abbreviation, translate them into English, and give both a literal and idiomatic rendering of the Latin directions for use. He must also possess a knowledge of the elementary structure of plants, their names, the orders to which they belong, the countries from which they are obtained, and the preparations into which they enter. In the more extended examination, which confers the higher title of pharmaceutical chemist, with exemption from serving on juries, the candidate, in addition to the above tests, must translate English prescriptions into Latin, detect errors in Latin prescriptions, know when a dose is unusually large, be acquainted with the means of detecting poisons and the antidotes to be given, be able to distinguish spurious from genuine drugs, and show a familiarity with the laws of chemical combination, and both the Linnæan and the Natural system of botany.

### Women Medical Students.

"The University of Edinburgh recently granted permission to a young lady to attend the medical lectures, but the young male students made such loud objection that the favor was withdrawn."

We would inform our friends abroad, that there is in this city a Woman's Medical College, that has struggled into a respectable position, in spite of the rather ungracious opposition of a few members of the medical profession, where a first class medical education can be obtained. It has its own college and hospital, a respectable corps of professors, and a liberal endowment. Those women who have a fancy for the labors, trials, responsibilities, and poor pay of the medical profession, can be accommodated here with opportunities for a good education.



# Notes and Comments.

### Proceedings of the Amer Medical Association.

We arranged with Dr. ATKINSON, the Permanent Secretary of the American Medical Association, for a prompt and full report of the proceedings of the recent meeting of the Association in New Orleans, and expected to have published it in full last week. But Dr. ATKINSON's papers were forwarded by Express, and delayed on the way, and the report was only received in time to get a portion of it in this number. The rest will appear next week. Our readers will find the report full and correct, the minutes being official.

### The Crime of Abortion.

Archbishop SPAULDING, the distinguished primate of the Roman Catholic Church in this country, in a pastoral letter at the close of a recent Council, speaks in these decided terms of a crime only too common in this generation.

"The abiding interest all feel in the preservation of the morals of our country, constrains us to raise our voice against the daily increasing practice of infanticide, especially before birth. The notoriety which this monstrous crime has obtained of late, and the hecatombs of infants that are annually sacrified to Moloch, to gratify an unlawful passion, are a sufficient justification for our alluding to a painful and delicate subject, which should not even be mentioned among Christians. We may observe that *the crying sin of infanticide is most prevalent in those localities where the system of education without religion has been longest established, and been most successfully carried out.* The inhuman crime might be compared to the murder of the 'Innocents,' except that the criminals in this case exceed in enormity the cruelty of Herod. If it is a sin to take away the life even of an enemy; if the crime of shedding innocent blood cries even to Heaven for vengeance, in what language can we characterize the double guilt of those whose souls are stained with the innocent blood of their own unborn, unregenerate offspring. The murder of an infant before its birth is, in the sight of God and of his Church, as great a crime as would be the killing of a child after birth, with this aggravating circumstance, that in the former case the unborn child dies deprived of the essential grace of baptism. No mother is allowed, under any circumstances, to permit the death of her unborn infant, not even for the sake of preserving her own life, because the end never justifies the means, and we must not do evil that good may come from it."

We are glad to see the clergy address their flocks in this style. It is a spurious and dangerous delicacy which loves the action, but shuns the word on topics of this nature.

### Vermont Medical Society.

The semi-annual meeting of this Society is to be held at Brandon on Wednesday and Thursday, June 2d and 3d, commencing at 10 o'clock, A. M., on Wednesday. The usual arrangements have been made with most of the railroads of the State.

### The Photograph Premiums.

It will be noticed that we offer as premiums for new subscribers to our publications a certain number of copies of photographs of distinguished European Physicians and Surgeons. The list was published in the Reporter of May 1st. These premiums can only be given where subscribers pay "*full subscriptions.*" We cannot afford it in cases where we have already commuted with our other publications. When we put the Reporter and Compendium, for instance, at $7, we already throw off $1, which is as much as we can do in justice to ourselves.

### A Soluble Salt of Mercury for Hypodermic Injections.

M. Bouilhon suggests in a late number (15th April) of the *Bull. de Therapeutique*, a solution of the double iodide of mercury and sodium for hypodermic injections. It is soluble in water without decomposition; it is active, yet not irritating to the tissues; it is manageable and safe 1.5 parts of this, (by weight), in 100 parts of water, gives a solution, of which 10 drops can be administered every other day in syphilis. After a week or two the amount of the injection can be increased ten drops at a time.

### Bleaching Sponges.

The white, beautiful appearing sponges which are sold in the streets of our cities, are bleached in the following manner: The softest, finest specimens are selected, and the sand removed from the cavities by shaking; they are then washed in hot water, and, after squeezing out the water, are placed in a bath of dilute hydrochloric (muriatic) acid, and allowed to remain for half an hour. They are then taken out, and, after washing again in hot water, are placed in a fresh bath of the dilute acid, to which has been added six per cent. of dissolved hyposulphite of soda, and allowed to remain twenty-four hours. The sponge is finished by washing in water, and drying.—*Boston Jour. Chem.*

[☞ *Readers of the* Reporter *are invited to send us copies of local Newspapers, and similar publications, from all parts of the country, which contain matters of interest to the profession. They will be thankfully received, and acknowledged under "Communications received."*]

# Correspondence.

## DOMESTIC.

### Extra-Uterine Pregnancy.

Editors Med. and Surg. Reporter:

*Case.*—Mrs. ——, aged 35 years; the mother of five children, the youngest seven years of age. She became pregnant with her sixth child about the 12th of October, 1867, and soon after began to suffer from paroxysms of severe pains in the right side of the head, face, right hypochondriac, lumbar, and iliac regions, with tinnitus aurium, sympathetic cough and other symptoms referable to the nervous system; her catamenia returned regularly during the first three consecutive months of gestation; previous to the fourth month a tumor (very painful and tender to the touch) was observed in the right iliac fossa, which disappeared upon the application of fomentations.

The case came under my care April 26th, 1863, in the seventh month of gestation, after having been treated by half a score of physicians in turn. At my first visit the foregoing history was elicited. It was easy to diagnose hysteria, and the administration of the fluid extract of valerian, in full doses, caused all the capricious pains and nervous symptoms to disappear.

In a few weeks, however, the patient was seized with intense abdominal pain, referred particularly to the iliac fossæ, and which continued to increase in severity from day to day, and resisted all therapeutical measures to afford any permanent relief. Large doses of morphia, fomentations, and the local application of anodynes gave only temporary relief. The abdominal parietes became excessively tender, and the stomach very irritable, nausea being so constant that any attempts at supporting treatment proved of little avail. The movements of the fœtus produced the most intense pain.

June 26th, (pregnancy being advanced to eight and a half months,) two consultations were held, which resulted in the diagnosis of uterine neuralgia. The *show* now made its appearance, it being only sixteen days to full term. Anodynes were administered largely, with quinia and support.

Four days later, July 1st, another consultation was held, at which it was advised to induce premature labor, but this was objected to by the patient and her friends.

July 3d, I was called to attend the patient in labor. Found her, as I supposed, in real labor,

with regular recurring pains. Made a vaginal examination, and found the os dilated to the size of a half-dollar, but could not touch the membranes, but instead of these, I found within the os a thick, cushion-like substance covering the os uteri and offering serious obstruction to labor. On the following morning the pains subsided, and we awaited patiently the completion of her term.

July 8th. Abdomen very much enlarged from effused fluid, which I thought due to dropsy of the ovum.

At the completion of her term, labor did not come on, and *fourteen days* beyond the full period, a consultation of three medical gentlemen was held, a diagnosis of ascites was made, but no cause could be assigned for this protracted gestation. The idea of an extra-uterine pregnancy was suggested by one, but the introduction of the uterine sound put a quietus to all such conjectures, as the operator was very positive that he had felt the fœtus in utero.

On the 29th of July the patient died, it being seventeen days beyond full term.

*Post-mortem*, seventeen hours after death, revealed the following condition. Dropsy of the ovum, due to extensive inflammation of the enveloping membrane; uterus was enlarged to twice the size of a non gravid womb, and contained nothing; os dilated and lying to the right, with the fundus to the left; right ovary enlarged and filled with pus. It was now apparent that the substance felt with the examining finger, which seemed to obstruct labor, was in fact the fundus uteri, which we could easily reach through the dilated os. Resting upon the right ovary and fundus was a special sac, containing the secundines and a full grown and well developed fœtus, weighing seven pounds, with a placenta weighing one and a half pounds. The placenta lay in the inferior extremity of the special sac, and was firmly adherent to the ovary. The vertex presented. No communication existed between the sac and uterus, nor was the sac ruptured.

I have no comments to make upon this case, except that, so far as I am able to learn, this is the first case on record where extra-uterine fœtation has gone on to and beyond the full period of gestation. As a rule, rupture of the sac and fatal hemorrhage takes place before the end of the third month, and in no case (except the case I have reported) has the pregnancy extended beyond four and a half months.

J. M. Palmer, M. D.

*Dalton, Ohio, May 6th*, 1869.

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**Remarkable Case of Abstinence from Food.**

Editors Medical and Surgical Reporter:

A few days since terminated one of the most remarkable cases upon record, in the demise of one of our fellow townsmen, a Mr. Enoch Berry, aged 58 years.

The history of this case, as I got it from the family and saw myself, is about this:

On the morning of the 14th of February, Mr. Berry was called by his family to come to breakfast. He had eaten but little for ten days prior to this time; he remarked that he had no appetite, and would eat no more until God in his goodness thought proper to restore it. From that day to the time of his death, a period of fifty-five days, he did not partake of a particle of solid food; and for a period of sixty days he was without a motion from his bowels. I was with Mr. Berry occasionally through his sickness. I visited him February 26th, for the first time. I found him lively and cheerful, with no disposition to eat; pulse 62, and regular; again, March 2d; he was able to be about the house. Pulse 65, and weak; nervous system quiet; he was able to shave himself; was drinking about one teacupful of coffee in the twenty-four hours.

March 14th. Found he had quit drinking coffee; was using some weak toddy; had not tasted coffee for five days; pulse 58, and weak; skin moist; nervous system quiet, with no desire for food. Sat up in his chair; talked freely and rational; no thirst.

20th. Visited him again; symptoms about as they were on the 14th, but weaker.

27th. Still no appetite; drank a small quantity of coffee; had sufficient strength to walk up and down a flight of stairs.

April 2d. Confined to his bed; complained of coffee affecting his head; had stopped its use; was using wine. I talked to him for some time. He persistently refused food; said he had no appetite; pulse 73, and wiry; raised up in bed and shaved himself; nervous system quiet, but prostrated. From this time on, I was with him every day or two. His eyesight began to fail him.

4th. Complained of mouth being dry for the first time; used water simply to moisten his mouth; was using not more than half a gill of coffee in the 24 hours, and but little wine.

7th. Entirely blind; considerable stupor; pulse 68, and weak; from this time on, up to his death, April 11th, he used no stimulants, or coffee, and but little water.

Such, gentlemen, is a brief history of this re-

markable case. Unfortunately, we were denied the priviledge of an examination of the body after death, which would, in all probability, have thrown some light upon this dark and mysterious case.

Wm. B. Perry, M.D.

*Stockton, Cedar Co., Mo.,*
*April* 27, 1869.

### Death from Abortion.

Editors Medical and Surgical Reporter:

On the 2d of May I was called by the Coroner to examine the body of a girl whose death had aroused suspicion.

*Autopsy*, thirteen hours after death.—Peritoneum inflamed; some of the convolutions of the small intestines were inflamed; vagina much punctured, and where it surrounded the vaginal portion of the cervix uteri, the anterior and posterior walls were punctured through into the peritoneal and abdominal cavities; the os and cervix were much lacerated; the uterus weighed 8¼ pounds, measured 8 inches from the upper portion of the fundus to the lower part of the cervix; circumference of the fundus 12½ inches, the antero-posterior diameter 3½ inches; the wall of the fundus 1¼ inches thick; portion of the placenta was adherent; some of the membranes were in the uterus.

Evidence before the Coroner showed that the girl had left her place, where she had lived for three years, without any cause, and only a few days before, and went to a house of assignation and prostitution; and that four days before she died, a well known quack and —— doctor, who claimed to be a homœopathist, was called in. My opinion was that the deceased came to her death from uterine, peritoneal, and intestinal inflammation, brought on by mechanical injury inflicted in removing a fœtus, and that the injury might have been inflicted only three or four days before death; and that she was about five months advanced; and that she did not perform the operation herself.

Dr. —— was sworn. "I have heard the Doctor's testimony; in my opinion the operation was performed at least ten days before death; should not think the case more than three months advanced; I concur in the opinion of Dr. —— as to the cause of death; I think that unless she was different from the majority of women, she performed the operation herself."

Is it probable, or even possible, that it required "at least ten days" for such an injury to cause death? Is it not probable that she was more than five months advanced? Do the majority of women "shed innocent blood?" Would the majority of women inflict such an injury upon themselves? Is not all experience to the contrary?

Ira D. Hopkins, M. D.

*Utica, N. Y., May 14th*, 1869.

# News and Miscellany.

### Sad Accident to a Physician's Family.

Dr. Rives of Prince George county, Virginia, while passing out of his house with his gun on his shoulder was called back by his wife. He turned suddenly in answer to her voice, and in turning accidentally struck the gun against the door post with such force as to cause its discharge. The entire load entered the body of Mrs. Rives, causing almost instant death. The pair had only been maried a few days.

*[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

## MARRIED.

Brown—Atkins.—In Cincinnati, Ohio, May 13th, by the Rev. J. L. G. McKeown, Dr. A. M. Brown and Miss Millie Atkins.

Compton—Atkinson.—May 5th, at the house of Mr. Israel Friend, in Brighton, Washington co., Iowa, by Rev. J. G. Condit, J. R. Compton, M. D., of the aforesaid place, and Miss Kate Atkinson, of Ohio.

Korndoerfer—Schiedt.—On the 19th inst., at the residence of the bride's parents, by Rev. J. A. Kunkleman, Aug. Korndoerfer, M. D., and Addie, daughter of Frederick Schiedt, Esq., both of this city.

Olcott—Pollock.—In Jersey City, on the 3d inst., by the Rev. Charles K. Imbrie, D. D., Dr. Edgar Olcott and Miss Jessie Pollock, all of Jersey City.

Pollok—Reinhardt.—In Lincolnton, on the 4th of May, by the Rev. R. N. Davis, Dr. J. J. Pollok, of Denver City, Colorado, and Miss S. J. Reinhardt, of Lincolnton, North Carolina.

Santee—McMackin.—On Thursday evening, May 20th 1869, by Rev. Wm. M. Cooper, D. D., Dr. Eugene J. Santee and Jennie, youngest daughter of the late William McMakin, both of this city.

Thomas—Smith.—At Trinity Church, New Haven, May 19th, by the Rev. Dr. Tuttle, of New York, assisted by the Rev. Dr. Harwood, J. Clarke Thomas, M. D., of New York, and Susie B., only daughter of Prof. H. L. Smith, of Geneva, N. Y.

## DIED.

Dodge.—In New York, May 23d, David Stuart Dodge, M. D., in the 66th year of his age.

## METEOROLOGY.

| May, | 10, | 11, | 12, | 13, | 14, | 15, | 16. |
|---|---|---|---|---|---|---|---|
| Wind | N. W. | N. W. | S. W. | S. E. | S E. | S. W. | S. W. |
| Weather | Clear. | Clear | Clear. | Cl'dy. Rain. t. & l. | Cl'dy. Shr'y. | Clear. Shr'y. | Cl'dy. Shr'y. |
| Depth Rain | | | | 4-10 | | | 3-10 |
| *Thermometer.* | | | | | | | |
| Minimum | 51° | 49° | 53° | 58° | 53° | 54° | 55° |
| At 8, A. M. | 62 | 63 | 68 | 59 | 63 | 65 | 59 |
| At 12, M. | 67 | 74 | 78 | 63 | 73 | 75 | 61 |
| At 3, P. M. | 66 | 79 | 79 | 65 | 70 | 74 | 64 |
| Mean | 61.50 | 66.25 | 69.50 | 61.25 | 64 75 | 67. | 59.75 |
| *Barometer.* | | | | | | | |
| At 12, M. | 29.7 | 29.7 | 29.7 | 29 7 | 29.6 | 29.6 | 29.7 |

*Germantown, Pa.* B. J. Lerdom.

Aug. 13 1869

THE

# MEDICAL AND SURGICAL REPORTER.

No. 640.] PHILADELPHIA, JUNE 5, 1869. [Vol. XX.—No. 23.

## Original Department.

## Communications.

### ON BLOODLETTING IN THE ECLAMPSIA OF PREGNANT WOMEN.

By Ezra Michener, of New Garden, Pa.

It is not my purpose to write a treatise on Puerperal Convulsions; either pathological, or therapeutic. But to furnish a summary view of my own observations, and experience, for more than half a century; with the practical deductions drawn therefrom, in relation to bloodletting; both as a prophylactic, and curative means, in this disease.

Eclampsia gravidarum has long, and justly, been considered, both by the woman, and her physician, as one of the most appalling incidents of maternity, in its *aspects*, and its *results*. Yet, when properly guarded against, and promptly met by appropriate remedies, it seems to be as amenable to treatment, as most other accidents of the parturient state.

Fifty years ago very few women passed through pregnancy without one or more bleedings, in the district where my observations have been made And during a period of 20 years, say from 1807 to 1827, I believe there occurred only a single case of Eclampsia, (1813.) Though young, I well remember the sensation which it produced for many miles around, on account of its infrequency, and fatal results.

Owing to the prejudice infused into the public mind by quacks and charlatans—and the nearly simultaneous occurrence of a typhoid epidemic—bloodletting was gradually let fall; and with it, we experienced a rapid increase of cases of eclampsia. Within a like period of 20 years, last passed, we have had full that number of cases within the same district. I have mostly declined practice, yet I have seen three cases within the past year.

It is worth while to inquire the cause of so alarming an increase of puerperal convulsions, of late years. The mere increase of population will not solve the question. As has been stated, during the first period named—bleeding in pregnancy, was generally practiced. During the second it was as generally neglected. In the one period, eclampsia was very rare; in the other, it became frequent. And, is not this the result which might have been expected to follow? We all know that the otherwise healthy female is predisposed to plethora, during pregnancy, and this often produces, and always increases, the gravity of eclampsia.

In this case, bloodletting affords the most prompt, and efficient relief. It does more; while it relieves plethora, it favors relaxation, and lessens the irritation of the uterine tissues. It removes, or greatly diminishes the cause of eclampsia, post-partum hemorrhage; and the inflammatory affections of the puerperal state.

*Anemia*, from bloodletting, is little more than a bug-bear of knaves and charlatans. With a healthy and vigorous assimilation, the loss is soon supplied; and is infinitely less to be deprecated than the consequents of eclampsia. Why, then, is bloodletting so much neglected? Why do physicians yield their best judgment to the prejudices of the people? A soldier on the battlefield pours out his blood by quarts, yet soon regains vigorous health. A healthy woman, during the thirty years of her menstrual life, may be estimated to lose over one hundred pounds of blood—often a great deal more. Yet we hear nothing of anemia; it is only an *evidence*, and a *means* of good health. Why, then, should we fear the loss of a few ounces of blood? Witness, also, those profuse uterine hemorrhages to which parturient women are subject, from which, if otherwise healthy, they speedily recover.

A larger proportion of pregnant women suffer from plethora, pain in the head, flushing of the face, ringing in the ears, giddiness on stooping, &c., all of which, in many cases, require the use of the lancet, as the safest, most immediate, and surest means of relief. This condition is sometimes accompanied by a feeble and mobile state of the nervous and arterial apparatus. It then constitutes the inflammable material; and uterine irritation becomes the spark, which too often kindles the destructive flame,—eclampsia.

The attentive observer will generally find some, or all of the following symptoms, premonitory of an attack of eclampsia:

Pain in the head, often occurring suddenly.

Ringing in the ears, like bells, or a distant waterfall.

A full, suffused countenance.

An indiscribable sensation and pain behind the sternum reaching through to the spine,—more immediately.

A subsidence of labor pains sometimes occurs.

Feebleness, or loss of motive power, in one or more extremity.

More or less hebetude, soon ending in stupor.

These indications may not all occur, nor in the order named, in every case; but enough may generally be witnessed to admonish the attendant of the danger; and enable him to anticipate the attack, and abate its volume, if he can not ward it off.

The three leading indications here, are:

1. To unload the brain, and relieve it from pressure.
2. To soothe the disturbance of the nervous system.
3. To relieve the irritated uterus of its burden.

These indications can hardly admit of controversy; but how are they to be fulfilled? They seem so plain, that he who runs might read; yet, a great diversity prevails, respecting the *means* to be employed. If the experience of fifty years, and the observance of more than a score of cases, have taught me anything, the treatment should usually consist:

1. In prompt and very *copious bloodletting;* aided by cups, or leeches, as local indications may require. In *revulsants*, cold to the head, hot stimulating pediluvia, rubefacients, blisters, &c. In *purgative medicines* and enemeta. And perhaps in anesthesia.

2. After the brain has been sufficiently relieved, and the violent action of the heart subdued, a full dose of *morphia* may be administered, either by the stomach, or hypodermically, to serve the nervous system and consecutively to relieve the muscular spasms.

3. In all cases where labour has actually commenced, the *delivery ought to be completed* as speedily as possible, without improper violence; either by the administration of ergot, the application of the forceps, by turning, or other manipulation.

Twenty four cases of eclampsia have fallen under my notice. Of these, 18 occurred in my own practice. Of whom 2 died; one was in articulo mortis when first seen. The other had trouble of this kind in four out of five consecutive labours; she sank exhausted, her condition not admitting of the depletion. 10 had been in convulsions from two to six hours, when first seen; 6 were seen in the inceptive stage, before the spasmodic attack; 2 did not exceed the inceptive stage; 6 occurred in the practice of other physicians, 1 of whom died.

Bloodletting was freely practiced in all the cases except one. There were *twenty-one* recoveries, and *three* deaths. And in no instance was there any injury observed, from the loss of blood.

CASES.

It is not my purpose to occupy time and space with the details of cases; but only to note such cases and such details, as will best illustrate my special object —the use of bloodletting in eclampsia.

Case 1. —E. P. During the later period of her first pregnancy, E. P. suffered from symptoms of a suspicious character, which excited anxiety; for a sister, similarly constituted, had lately had a severe attack of eclampsia. She was freely bled, and a light abstemious diet, with occasional laxatives prescribed. She passed safely through the labour. But in the subsequent pregnancy she neglected the salutary precaution.

The pains soon became irregular, and almost ceased. She grew restless, and moaned, but could not tell why. Inquired the cause of certain strange noises, which no one else heard. Complained of tingling in the right arm; then, that she could not move it. Her answers to questions became slow, and hesitating, and in a measure, incoherent. These changes succeeded each other so rapidly that by the time I had tied the arm and was prepared to open a vein, she had ceased to respond to our inquiries.

The vein was promptly opened, and the blood made to flow in a *full stream* until the unpleasant symptoms were fully relieved; which, in this case, required only *eighteen ounces.* The pains soon returned; the labour terminated kindly, and she had a speedy recovery.

In another case, almost exactly similar, spasms actually occurred just after the vein was opened, but did not return afterward. In these, and, perhaps, in all other cases, the physician should carefully watch the *effect* of the loss of blood upon the patient, instead of noticing the *quantity* of blood in the bowl. If he has decided that bloodletting is the proper means to produce a given result, and has confidence in his own judgment, he should bleed with a special eye to that result.

Case 2.—A. G., aged forty-one, had been in labour all night with her tenth child. The pains were distressing rather than strong, and the labour progressed slow. Her greatest suffering was from a pain, or an indescribable sense of distress behind the sternum and in the space between the scapula. In the morning, just as the labour was about to terminate, I observed a sudden twitch of the fascial muscles, and on speaking to her, obtained no response. I immediately prepared to open a vein; but just as the blood commenced to flow, a violent convulsion came on, during which the child was forcibly expelled. The arm was left in the care of an assistant, and the bleeding was stopped at twenty ounces, with the hope that the fits would not return after delivery.
was a delusive hope. They did return, and required repeated bleedings for the next eight hours to relieve them. She at length recoverd.

This case occurred more than forty years ago. I had not then learnt to *appreciate* the importance of the *post-sternal pain* as an indication of eclampsia, and the event showed a grave mistake in not taking a

larger quantity of blood at the first bleeding. Compare this case with the following.

Case 3.—L. R. This woman was the mother of several children. She was a perfect *pattern* for apoplexy,—"denoted by a large head and red face, shortness and thickness of the neck, and a short, stout, squat build."

I was called to see her in the evening, at her full term. She said she did not know what ailed her, she was so much distressed with a pain which seemed to start just between the breasts and extend through to the back. She had vertigo, and an evident feebleness of nerve power; but the heart was labouring violently. I immediately recognized the danger, and opened the vein, with a large orifice. The blood flowed till the *pain and oppression ceased*; the heart became more tranquil, and the flush of the face disappeared. A large china wash-basin was half filled. She suffered no temporary inconvenience; and remained quite comfortable for an hour, when I left her, in charge of neighbour women, and passed into an adjoining room, with her husband, to lie down. But we were suddenly called back, and found her in a strong convulsion. The ligature was reapplied, and the blood soon flowed in a full stream, as before. The blood was received in the same basin (which had not been emptied) until it was *quite full*. There was little tendency to coma after the fit, and she felt quite comfortable. I remained with her till morning, and then left her, under the use of mild adjuvant remedies.

I saw her in the evening—she had passed a comfortable day; but she then felt a slight return of the *post-sternal pain*—and also manifested signs of incipient labour. The *pain* was effectually relieved by the abstraction of *twelve ounces* more blood. The labour progressed rapidly, and in four hours she was safely delivered. No further difficulty occurred and she had a speedy convalescence.

The reader will, no doubt, call this *heroic* treatment. It was so. But happily the *end* justified the *means*. And let me ask, did not the circumstance of the case require that heroic means should be employed? The success was as flattering as the treatment was bold.

Case 4.—G. B. An illigitimate case of a young girl. She was found in convulsions in her chamber in the morning, and from appearances might have been so most of the night. She was quite unconscious, and the spasms returned about every hour.

The physician who was called, bled her to sixteen ounces, and used other judicious means; but the convulsions continued to recur every hour. I saw her at noon. She was unconscious, but constantly tossing about the bed. Immediately after another fit, she was bled to eighteen ounces more; and a full dose of morphia administered hypodermically. In five minutes, the tossings ceased, and she fell into a profound sleep; during which, the babe was, unconsciously, born. The spasms did not return; and she convalesced rapidly.

In this case the primary bleeding was not large enough. The morphia, after full depletion, had a very happy effect, in quieting the nervous excitement.

Case 5.—B. C. A young primiparous woman. The labour progressed favourably until the head began to rest upon the perineum; when she was suddenly attacked with a convulsion. I immediately bled her to twenty-four ounces, and then applied the forceps and delivered the child. There was no return of spasms or other trouble.

Case 6.—E. H. Primipara. Sent for Dr. in the afternoon. The labour proved lingering, and during the night her pains subsided and the Doctor went to bed. Soon after, she took a convulsion, and I was sent for, some four miles. Little had been done to relieve the case; and the fits recurred about every half hour. Her situation was very favourable for the operation, and I promptly removed the child with the forceps. It was then found to be a case of couplets. While waiting a little for the second child to descend, she had her *sixth* convulsion. I then applied the forceps again with equal facility as before. The placentæ speedily followed. The whole delivery did not last more than *twenty minutes*. The *mother* and *children* all did well.

Here was a successful case, without evacuant treatment, which did well. But may we not conclude that the attack was of a very mild form, from the fact that both of the children lived and did well after the mother had been, for several hours, in convulsions? The *sine qua non* in this case was to relieve the uterus, as in the preceding case.

Case 7.—In the year 1817, while occupying the position of House student in the Philadelphia Dispensary—then the only one in the city, I was called to a poor woman with eclampsia. She was about the full term, but labour had not yet commenced. I found her lying on the floor, her only bed, in the most terrific spasms. Her habit was gross and plethoric, face turgid and of a dark purple hue; the pupils largely dilated, but the pulse was slow, feeble and oppressed.

I had tied the arm, and was just about to spring the lancet, when Dr. N * * * *, a young French physician, (who had also been sent for in the alarm) entered. I desisted, to allow him to see the case and give his opinion. On feeling the pulse, he sternly asked, "What, are you going to bleed with such a pulse as that?" I replied, "Yes, I am," and immediately sprung the lancet. The Doctor sat down. After the blood had run to some twenty ounces, and the heart had reacted, I asked him to feel the pulse again. He did so, and promptly said, "*You are right.*" The bleeding was continued till the pulse again began to flag. The convulsions ceased, but she only slowly recovered from the coma. The child was not born till two days after, *apparently* from the effects of infusion of Ergot.

This was my first experience in puerperal convulsions.

It is due to Dr. N * * * * to add, that he very kindly met me two or three times a day, and assisted me in various ways, until our attendance was no longer required.

Cases 8, 9 and 10. All fatal.

The *first* of these, M. P., was a patient of Drs. T. and P. She was in her first labour when attacked. I saw her soon after; the spasms were not violent, nor the coma profound; and she was promptly delivered with the forceps, almost without force. The spasms then ceased; but, contrary to our expectation, the cerebral mischief continued to increase, and she sank about the third day.

This patient, as I was informed, had been freely, but not largely, bled in the beginning of the fits, and other appropriate means used, but without benefit.

The *second* of these, S. S., also primiparous, had, in the earlier period, a violent determination to the head, which seemed to yield to appropriate remedies, and she appeared all right. Some weeks after she was attacked with *epistaxis*, which recurred so frequently, and persisted so obstinately, that great fear was entertained of her surviving it. She, however, regained tolerable health, and I lost sight of her for two or three months.

As she approached her full term, her husband, who had been absent, found her, at four o'clock in the morning, in a deep coma, only to be broken by a convulsion every half hour. How long this had continued it was imppossible to discover. The lancet, and all other means proved utterly unavailing. She died the following evening.

The *last* fatal case, R. L. This women had suffered from disease in early life. Her health was very precarious, and her whole nervous system a complete wreck, before her marriage. In the seventh month of her *first pregnancy*, she was attacked with sudden illness. I found her with intense pain in the head, vertigo, ringing in the ears, and impaired vision. She was bled as freely as her condition seemed to allow, and other means prescribed. In half an hour she was seized with convulsions, which, despite all treatment, continued to recur for eight hours. From this she with difficulty recovered. The child was not born for several days after.

In her *second pregnancy* she required daily and vigilant care for six weeks, during which time we almost hourly expected another attack. She, however, passed through the acouchment without spasms.

In her *third pregnancy* she fared little better than in the second.

In the *fourth*, she did not experience anything unusual.

But in the *fifth*, convulsions set in very early in the labour, and recurred several times before any attempt could be made to deliver, and little else now remained that could be done for her relief. At the earliest practical moment I turned and delivered the child, which was dead; and the mother died in two hours after.

The cases which I have thus partially reported, will, I hope, explain and sustain my views respecting the use of bloodletting in puerperal convulsions. And I fear they also will show that where the lancet is inadmissible, or too timidly employed, the danger to the patient will be very much increased. In such cases, however unfavorable they may be, it might be well to try anæsthesia. When the lancet can be safely employed, I think it should always precede the anæsthetic, and every other remedy.

No. 1. Shows the *premonitory steps*, and the successful anticipation and prevention of an attack of eclampsia.

No. 2. and 3. Bring into view a *new symptom* of this disease, so far as I know, not found in the books. The latter case is also an instance of complete success in a very unpromising subject for cerebral disturbance.

No. 4. Evinces the beneficial effects of *morphia* after free depletion.

No. 5 and 6. Show the advantage to be derived from *speedy delivery*, and thus relieving the uterine irritation.

No. 7. Is given to show the proper *object* and *manner* of bleeding in this, and in all other diseases, to produce a certain effect upon the system. And where the means is wisely adapted to the end, should be continued until that end is obtained.

No. 8. Shows that *fatal injury* may result to the brain, even in comparatively mild cases of spasm.

Nos. 9 and 10. May serve to warn us that cases may, and do occur which do not admit of successful treatment by any known means at our command.

# Editorial Department.

## Periscope.

### A NEW ANATOMICAL FEATURE IN HUMAN BLOOD CORPUSCLES.

Dr. J. W. Freer, Prof. of Physiology and Microscopic Anatomy, Rush Medical College, has the following article in the *Chicago Medical Journal*, of April, 1868:

In the *Chicago Medical Journal* of May 15, 1868, Vol. XXV., No. 10, in a brief, hastily written article, I announced that I had, as I believed, discovered that human blood corpuscles "are not, as heretofore supposed, simply bi-concave disks; but on the contrary, there may be seen, (by the use of Wale's Illuminator,) a nipple-like eminence in the centre of the concavity of each well-formed disc. This papillary eminence is about .00,000,1 of an inch in diameter at its base. That it is a true anatomical form, and not

a change incidental to dessication, etc., is shown by its appearance at the instant of withdrawal of any given specimen, while the corpuscles are still plump and smooth in all other respects."

Continued investigation on this important subject has served only to confirm the announcement then made; and having had the opportunity of exhibiting corpuscles as herein described, to several eminent men of acknowledged scientific ability, and having received their opinion in corroboration of my own, I propose to set forth in this paper the views heretofore entertained upon this subject, and in contradistinction present my own more fully, illustrated by accompanying diagrams, which were drawn by an artist who had never before seen blood corpuscles, and, consequently to be taken, as unprejudiced testimony.

Among physiologists and microscopic anatomists there has been but one generally expressed opinion as set forth in standward works, illustrated and otherwise: *to wit*, that the human blood corpuscle is non-nucleated.

It may appear incautious, and even rash, to array one's self against evidence so weighty, but my convictions have ripened under careful and persistent investigation, and I deem the announcement timely and worthy of earnest attention.

As all investigators are so nearly in harmony on the subject of the anatomy of these organic forms, the methods of observation having been uniformly the same, it is deemed unnecessary to state their views at length.

In presenting my own views in contradistinction to them, I will call especial attention to my method of investigation. Heretofore all examinations of blood corpuscles have been made by transmitted light, from which we might anticipate, *a priori*, that, with instruments of the same degree of perfection, similar results would be obtained. On the contrary, all of the research upon which my present convictions are based has been prosecuted by the use of reflected light; the object resting upon a polished jet slide.

The accompanying diagrams set forth faithfully the appearance made manifest by this method when properly pursued.

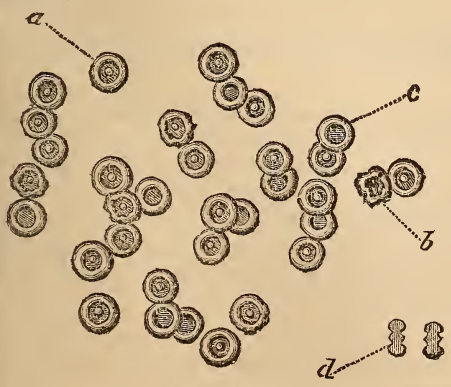


DIAGRAM I.

DIAGRAM I.—*a*, represents the perfect, human blood corpuscle. It will be seen that the centre presents a slight elevation, surrounded by an annular depression, while the circumference of the disc is, comparatively, thick, smooth and rounded.

*b*, represents a disc with serrated and shriveled margin, with a perfect central elevation remaining.

*c*, a corpuscle without the central elevation.

*d*, is a hypothetical diagram of a disc placed upon its edge.

DIAGRAM II.

DIAGRAM II.—*a*, represents the perfectly formed, oval and characteristic disc, or globule, of the frog. In the central portion may be seen an oval depression, in the center of which can be observed the elevation representing the nucleus. The margin is shown to be rounded, smooth and thickened.

*b*, is like the former in every respect except the central papilla is absent.

*c*, a shriveled corpuscle.

*d*, corpuscle as it would appear set upon its edge.

It will be seen from the foregoing explanation that these bodies do not all possess a nucleus, or central elevation. In fact, there are in both the human blood and that of the frog a large proportion, perfect in every other respect, that do not possess this peculiarity. Whether this fact is due to an absence of this feature on one of the surfaces of the corpuscle or to its non-existence in a certain per centage of cases, I am undetermined.

I have, as yet, examined but few pathological specimens. In one instance, however, in a case of advanced Typhoid fever, the corpuscles, without exception, were found serrated, shriveled and distorted in the most remarkable manner, with the exception of the nucleated centre. This seemed to maintain its integrity.

The reader, by reference to the diagrams, will observe that the corpuscles, both of the human and reptilian blood, are analogous in their general features, as, witness the elevated nuclei in the centre, the surrounding depression and the elevated margins, together with the entire absence of nuclei in nearly equal proportions of each. It will also be observed

that certain numbers are imperfect in outline, as if affected by disintegration; and this is true of a similar proportion of every specimen that I have ever examined. This apparent analogy of form and feature between mammalian and reptilian corpuscles only supports what is generally acknowledged should obtain with these bodies in order to bring them in harmony with the known homology of other tissues, from whatever species of animal obtained. I believe that it is never denied that nerve, muscular, bony and other tissues, when compared with their kind, are essentially alike in their anatomical constitution. Why should blood tissue form an exception to this general rule? Do not the corpuscles perform the very same function, whether floating in the blood of a reptile or in the vessels of man?

With one exception I have not, as yet, extended my observations to the condition of blood discs in the various parts of the body. In the spleen pulp I found them mainly imperfect in form, being generally serrated, shriveled, and seldom nucleated. Hæmatine, in granulated masses, was seen interspersed among the corpuscles. White corpuscles, in great numbers, were arranged around the margin of the specimen.

The Illuminator does not reveal any thing unusual concerning the white corpuscles; they merely appear as non-nucleated, globular bodies. It is remarkable, however, that they never associate themselves with the red discs, there seeming to be a perfect antagonism of position.

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**Cultivation of Opium in the United States.**

Continued attention is given to the production of this drug in the United States. Recent tests go far to show that the quality of the opium raised in several sections of the country is good.

The editor of the *American Journal of Pharmacy* has made an assay of some laudanum made from Virginia opium, and finds that it equals in strength fair Turkey opium. On the contrary, Vermont opium is condemned as being merely an extract of poppy leaves and stalks, with a little true opium juice, very variable in composition, and wholly unfit to replace the foreign drug except in very large doses.

This defective quality is attributed to the mode of manufacture, described at length in the semi-weekly *Tribune* of March 5th by the inventor. The main features of this process are grinding and pressure, with use of some alcohol to extract the morphine. The juice thus obtained is dried, and then packed for sale. We agree with the *Journal of Pharmacy* that it must be impossible to obtain a good quality of opium by this process, but we are uninformed whether the proper method obtains opium of good quality and in good quantity from poppies grown so far North.

Mr. Robertson, the successful producer in Virginia, states that his experience is very limited, he having only cultivated the poppy in a garden on very rich soil, where the yield of opium was very great; he neither measured the land nor weighed the opium. He is satisfied that a deep rich soil is essential to a large yield; the poppy has a long tap root, which enables it to stand severe drought, provided the tap root can penetrate the soil to a sufficient depth. He thinks alluvial soils are best. The young plant is very tender, of slow growth, and cannot be successfully transplanted. The seed should be put in drills about three feet wide, the plants standing from one foot to eighteen inches apart, or even more, as it is a very vigorous grower. The last of July or early in August is a good time to sow the seed, as the plants stand the winter without injury. The single poppy he found to yield more opium than the double, and there is less trouble in obtaining it from the capsules. The single white poppy, or rather the poppy with white seeds, is generally considered the true opium plant. When the capsules are about half grown, or three or four days after the flower has dropped, is the proper time to make several longitudinal incisions on the capsule, taking care not to cut through the capsule.

The incisions should be made during the latter part of the day, and the thickened juice which exudes during the night scraped off the next morning with a dull knife. When it becomes sufficiently dried it can be put up in any shape or size that is desired.—*Scientific American.*

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# Medical Societies.

## AMERICAN MEDICAL ASSOCIATION.

### OFFICIAL PROCEEDINGS OF THE TWENTIETH ANNUAL SESSION.

*Continued from p* 410.

Dr. J. J. Woodward, U. S. A., Chairman of the Committee on Nominations reported the following:

*New Orleans, La., May* 6, 1869.

The Committee on Nominations unanimously report:

*For President*—George Mendenhall, Ohio.

*For Vice Presidents*—Warren Stone, Louisiana; Louis A. Sayre, New York; F. Gurney Smith, Pennsylvania; John S. Moore, Missouri.

*For Assistant Secretary*—Wm. Lee, District of Columbia.

*For Treasurer*—Caspar Wister, Pennsylvania.

*For Librarian*—Robert Reyburn, District of Columbia.

*Committee of Arrangements*—Thomas Antisell, chairman, Robert Reyburn, C. M. Ford, L. W. Ritchie, W. J. C. Duhamel, D. R. Hagner, C. F. Nally, District of Columbia.

*Committee of Publication*—F. Gurney Smith, Pa., Chairman; W. B. Atkinson, Pa.; A. J. Semmes, Ga.; Robert Reyburn, D. C.; Caspar Wister, Pa.; H. F. Askew, Del.; Wm. Mayburry, Pa.

*Committee on Medical Literature*—J. J. Woodward, U. S. A., Chairman; W. H. Anderson, Ala.; Theophilus Parvin, Ind.; Hosmer A. Johnson, Ill.; C. W. Parsons, R. I.

*Committee on Prize Essays*—Grafton Tyler, D. C., Chairman; N. L. Lincoln, D. C.; N. R. Smith, Md.; G. W. Miltenberger, Md.; J. W. R. Dunbar, Md.

*Committee on Education*—T. G. Richardson, La., Chairman; E. W. Jenks, Mich.; E. S. Gaillard, Ky.; W. M. McPheeters, Mo.

*Committee on Epidemics*—Add the following to fill vacancies: J. K. Bartlett, Wis.; J. D. Jackson, Ky.

Time for meeting, in Washington, first Tuesday in May, 1870.

J. J. WOODWARD, U. S. A.,
Chairman.

The report was unanimously adopted.

Dr. Herrick, Louisiana, offered the following amendment to the Code of Ethics on the duties of physicians to each other and the profession at large.

ART. 1. DUTIES FOR THE SUPPORT OF PROFESSIONAL CHARACTER—PROPOSED AMENDMENT—ADDITIONAL SECTION.

SEC. 5. The spirit of trade and of gain from merchandise should by all means be dissociated from the practice of a liberal profession, and it is important that practitioners should not allow their pecuniary interests to compromise their duties to their patients. Therefore, in cities and other communities where the services of competent apothecaries can conveniently be obtained, physicians should resign to them the whole business and profits of dispensing medicines.

Laid over to next yearly session.

Dr. Davis, Chairman of the Committee on Various Propositions and Communications for Medical Societies, etc., offered the following report. The resolutions were adopted and referred to the Committee of Publication.

REPORT OF THE COMMITTEE ON VARIOUS PROPOSITIONS AND COMMUNICATIONS FROM MEDICAL SOCIETIES, &C.

After a fair examination of the various propositions concerning medical education, medical legislation, and ethical regulations for medical colleges, referred to your committee, we respectfully submit the following report:

WHEREAS, The results of all the efforts made during the last twenty-five years, to elevate the standard of medical education through concert of action among the numerous medical colleges of this country, have proved with equal clearness that such concert of action in an efficient manner is unattainable, therefore,

*Resolved*, That whatever is done to establish and maintain a just and fair standard of medical education throughout our whole country, must be done by the profession itself, through its own voluntary organizations, in the same manner that it now establishes and enforces its code of ethics. The profession is as competent to declare, through its representatives in the national, state, and local societies, what shall be the standard of attainments for those to be recognized and admitted into its ranks, and to establish the boards or agencies by which compliance with such standard shall be ascertained, as it is to declare what shall be the ethical rules governing the conduct of those already admitted.

*Resolved*, That this Association earnestly requests each State medical society to appoint annually one or more boards of examiners, composed of five thoroughly qualified members, whose duty it shall be to meet at suitable times and places, for the examination of all persons, whether graduates of colleges or not, who propose to enter upon the practice of medicine in their respective States, except such as have been previously examined and licensed by a similar board in some other State.

*Resolved*, That each State medical society be requested to make such regulations concerning the pay of the boards of examiners, and the fee to be charged for a license to practice, that the former shall in no case depend on the amount received from the latter.

*Resolved*, That each State medical society be requested to require its examining board or boards to exact of every applicant for examination, adequate proof that he has a proper general education; is twenty-one years of age, and has pursued the study of medicine three full years, one year of which time shall have been in some regularly organized medical college, whose curriculum embraces adequate facilities for didactic, demonstrative, and hospital clinical instruction.

*Resolved*, That each State Medical Society be requested to act on the foregoing propositions at the next regular annual meeting after the reception of copies of the same, and if approved and adopted by the State Medical Societies of two-thirds of the States, this Association shall deny representation from all organizations who longer refuse

to comply with the same, and shall recommend the State societies to do the same, and all persons who, after that date, seek to enter upon the practice of medicine without first receiving a license from some State Board of Examiners, shall be treated ethically as irregular practitioners.

*Resolved,* That in adopting the foregoing resolutions, by which it is proposed to treat the medical college diploma the same as the diploma of any literary college, this Association is actuated by no desire to injure the medical schools of our country. On the contrary, by the adoption of the fourth resolution at the same time that the value of the mere college diploma is practically nullified, it is the desire, and confident expectation, that those institutions will be greatly benefitted; because they will be forced to rival each other in the extent and efficiency of their courses of instruction, instead of the number of diplomas which they can annually distribute.

All of which is respectfully submitted.

N. S. Davis,
Paul F. Eve,
E. S. Gaillard,
E. Lee Jones,
J. K. Bartlett.

On motion of Dr. Davis, it was

*Resolved,* That a special committee of three be appointed by the President to present copies of the resolutions adopted before the several State medical societies at as early a period as possible.

*Committee:* Dr. Davis. Ill.; J. S. Weatherly, Ala.; J. M. Toner, D. C.

Dr. Chaille, of Louisiana, chairman of committee, presented the following report on medical nomenclature, which was received and adopted, and referred to Committee of Publication:

The Committee on the Nomenclature of Diseases have the honor to report that it has examined the "Provisional Nomenclature of the Royal College of Physicians" of London, and is of the opinion that it is desirable for this association to recommend and adopt the same for general use in this country, with such modications as, on deliberate consideration, may appear to be necessary. The following resolutions are, therefore, submitted:

1. *Resolved,* That a special committee of fifteen be appointed by the President to take this subject into deliberate consideration, and to report at the next annual session what alterations, if any, are necessary to adopt the proposed nomenclature to general use in the United States.

2. That this committee be authorized to fill up any vacancies which may occur upon it.

3. That the Committee on Publication be authorized to publish, for general distribution, one thousand copies of the English and Latin portions of this nomenclature, under the designation of the Proposed Nomenclature, prefacing the same with such remarks as may be deemed necessary to secure the criticism and co-operation of as large a number of American medical men as practicable.

4. That the committee hereby appointed be directed to draw the attention of the Surgeon General of the army, of the Chief of the Bureau of Medicine and Surgery of the navy, and of the Superintendent of the Census, to the question of their official adoption of the proposed Nomenclature; to invite them to appoint whom they see fit to represent them on this committee; and to solicit such cooperation as may be necessary to accomplish the purpose desired, viz: the final adoption of such nomenclature and classification as will receive the conjoint approval of the official medical bureaus of the Government and of the general profession.

Stanford E. Chaille, M. D., Chairman.

J. J. Woodward, United States Army; A. B. Palmer, Michigan; F. G. Smith, Pennsylvania; J. F. Heustis, Alabama, Committee.

In accordance with the above, the following Committee of fifteen was appointed:

Francis G. Smith, Pa., Chairman; J. J. Woodward, U. S. A.; R. F. Michel, Alabama; A. B. Palmer, Michigan; S. E. Chaille, Louisiana; L. P. Yandell, Jr., Kentucky; Austin Flint, New York; Alonzo Clark, New York: Geo. B. Wood, Pennsylvania; S. H. Dickson, Pennsylvania; E. Jarvis, Massachusetts: T. Parvin, Indiana; W. M. McPheeters, Missouri; E. M. Snow, Rhode Island; N. Pinkney, U. S. N.

Capt. Neal, of the steamer Richmond, invited the members to take an excursion at 5 P. M.

On motion of Dr. J. P. Garrish of N. Y., the invitation was accepted and a vote of thanks was tendered to Capt. Neal.

On motion of Dr. Garrish, New York, also a vote of thanks was offered to the New Orleans, Jackson and Great Northern Railroad, for agreement to pass members back free, and to the Morgan line of steamers and the Mobile and Ohio Railroad for their courtesy in tendering free passes to delegates and members who return homeward by those lines.

Dr. Gaillard, Kentucky, offered the following, after some preliminary remarks:

*Resolved,* That the adoption of a uniform rate of collegiate fees—$120 being the minimum—be accepted as the sentiment and desire of this Association.

Dr. Logan, of Alabama, moved to amend by inserting $140.

After considerable discussion, the fees were placed at $120.

Dr. Woodward proposed as a special committee on the relative advantages of Syme's and Pirogoff's mode of amputating at the ankle—Dr. G. A. Otis, U. S. A., chairman; Dr. J. D. Holloway, of Louisville, Kentucky.

Dr. Bemiss proposed Dr. John Waters, of St. Louis, Mo., as a special committee on the Doctrine of Force—Physical and Vital.

Dr. A. M. Pollock, of Pennsylvania, presented this amendment to the Constitution:

*Resolved,* That all county medical societies shall be required to elect a committee annually, whose duty it shall be to examine all applicants for admission as students under the tuition of its members, and that no member of any county medical society shall receive any such appli-

cant until such applicant shall present a certificate from said committee, testifying that he has a good English education, and a sufficient knowledge of Greek and Latin to enable him to pursue his studies with advantage.

Laid over under the rules.

Dr. Toner, D. C., moved that a committee on variola be appointed—Dr. Joseph Jones, Chairman. Adopted.

Dr. Pinkney, U. S. N., made the following statement respecting relative grades of rank. The paper was ordered to be spread on the minutes:

*Gentlemen of the A. M. Association:*

I have no special report to present to your honorable body; but I would crave your indulgence while I read to you a brief statement prepared on the instant.

It has been my pride and pleasure on many occasions to appear before you as a delegate on behalf of the navy of the U. S. I am again by your council board to refresh myself at the fountain which at the touch of our noble profession, gives forth the waters of refreshment.

The subject of the medical staff rank was brought to your notice in 1848, when, for the first time, it was my privilege to join in your deliberations. From that period to the present, your influence has been asked and most cordially and persistently given. In 1846, relative staff rank was established by the Department, and in 1854, Congress gave to it the full force and effect of law. The highest rank then conferred was that of commander. In 1863, the relative rank of commodore and captain was established by Department regulation.

The Hon. Senator, Mr. Grimes, reported a bill for the reorganization of the navy, which passed the Senate with singular unanimity. This bill created two higher grades. There were objectionable features in it, so far as the staff corps were concerned. The most objectionable was the term "junior to that grade." When the bill was before the Naval Committee of the House, I had an interview with Vice Admiral Porter and pointed out to him the ground of objection to this bill. He at once expressed his willingness to have it stricken out, and authorized me to say so to the Chairman of the Naval Committee. I did so. Admiral Porter subsequently wrote a letter making this suggestion, which was transmitted by me to the Hon. Mr. Scofield.

There has been a great deal written touching this bill, so far as it related to the staff. While I admit that it was not all that I desired, I still considered the establishing of two higher grades and incorporation in it of the suggestion of Admiral Porter a decided gain, and advocated its passage. I was satisfied that it was an impossibility to so frame a law as to give entire satisfaction to all. Such a feat never has been and never will be accomplished. I am no Utopian dreamer. It is only by mutual conciliation in a true spirit of compromise that conflicting interests can be harmonized.

A mere regulation of the Department establishing higher grades of relative rank, is of no binding effect without the sanction of Congress. If one Secretary could by regulation establish so important a principle, another could as easily revoke it. This led me to seek with others to obtain the sanction of Congress. A right so sacred and important as that of rank, should be settled and established by law and not left to the caprice of any one man, however wise or just. I considered then as I consider now, that the bill of Mr. Grimes, with the suggestion of Admiral Porter, was as good a bill to start with as we could obtain, and I for one was not prepared to oppose its passage in the House, because it did not secure to us all we wished. So far as Admiral Porter is concerned, I know, and am proud to say, that the Medical Corps has no truer friend than he. Bold as he is in spirit, jealous as he is of the just fame and rights of the line, he appreciates what is due to us. The Medical Corps were never placed on a firmer basis than at the present moment, and I have full confidence that all proper rank will be speedily accorded to it by the next Congress. Admiral Porter will do what he thinks right and nothing will deter him. He never forgets the claims of justice nor cowers before opposition when justice hangs in the balances. I make this public declaration because it is due to him and to ourselves.

Thanking you for your past aid and encouragement, and feeling always sure of your sympathy and support, I am proud of the privilege of submitting to you this brief statement.

It does not seem to be just that I should close this statement without according to the Hon. Wm. Grimes, the honor due to him by bearing my humble testimony to his devotion to the Navy, and rare familiarity with all that affects either its character, usefulness or efficiency.

Association adjourned to meet at 9 o'clock A. M., Friday, May 7.

Friday, *May* 7.

The Association met at 9 o'clock, the President, Dr. Baldwin, in the chair.

Dr. Joseph Jones, Louisiana, presented a number of specimens of pathology, anatomy, and natural history. The explanations were very interesting, and elicited highly complimentary remarks.

On motion of Dr. Garrish, New York, the thanks of the Association were tendered to Dr. Jones.

The President appointed as delegates to the Canadian Medical Association: Drs. H. F. Askew, Delaware; R. Miller, Alabama; J. M. Bush, Kentucky; N. S. Davis, Illinois; B. H. Biggs, Alabama, and J. P. Garrish, New York.

To the International Medical Association: Drs. W. J. C. Duhamel, District of Columbia; Jos. Berney, Alabama; E. L. Jones, New York; B. F. Dawson, New York; Joseph Jones, New Orleans; G. C. Blackman, Ohio.

To the British Medical Congress: Drs. F. A. Ross, Alabama; Donald Mclean, Ky.

Delegate to Association of Superintendent of Insane Asylums, Dr. Robert Reyburn, District of Columbia.

On motion, Dr. Jos. Jones of La., was added to Committee on Establishment of National Medical College.

On motion of Dr. F. G. Smith, of Pennsylvania, the following resolution was unanimously adopted by a vote of the members present, standing as a mark of respect:

*Resolved*, That the thanks of this "Association" are justly due and are hereby tendered to the President for the uniform kindness and courtesy with which he has presided over the deliberations, and to the Committee of Arrangements, the physicians and citizens of New Orleans for the generous hospitality and fraternal kindness with which we have been received and treated during our sojourn in their city, with the assurance that the memories of this visit will always be among the brightest and most endearing of our lives.

*Resolved*, That we also present our thanks to the various railroad and steamboat companies, who have so liberally extended to us facilities of transportation, and to the daily press for their efficient aid in reporting the proceedings of this meeting.

On motion of Dr. J. S. Moore, of Mississippi, the following preamble and resolutions were adopted:

Whereas, The contract system is contrary to medical ethics,

*Resolved*, That all contract physicians, as well as those guilty of bidding for practice at less rates than those established by a majority of regular graduates of the same locality, be classed as irregular practitioners.

The section on Meteorology, Medical Topography and Epidemics, reported their minutes, which were read and referred to Committee of Publication.

The section on Practical Medicine and Obstetrics reported, which was also referred to Committee of Publication.

On motion, the resolutions appended to the paper on training of nurses were adopted.

The section on Medical Jurisprudence, Hygiene, and Physiology reported. Report accepted and referred to Committee on Publication.

The section on Surgery reported their minutes, which were read and similarly referred.

As the section on Psychology had not organized, on motion, the report of the delegate to the Association of Superintendents of Insane Asylums, which had been referred to it, was referred to the Committee of Publication, with instructions to publish only that portion which had not previously appeared in any publication.

The President appointed Dr. J. M. Toner the special committee of one, at Washington, D. C., to assist the Librarian of Congress to keep the books of the Association:

On motion of Dr. Toner, D. C., a paper offered at last session by Dr. Jos. Jones of La., on Albinism, &c., was referred to the Committee of Publication.

On motion for adjournment, the President delivered the following address, which was unanimously ordered to be published in the minutes of the Association:

Gentlemen—Before I submit the motion just made, and which, when adopted, will practically close my official relations to this body, allow me to return you my most cordial and grateful thanks for the unvarying kindness which I have received at your hands. Whatever my future lot in life may be, the world holds no honors which to me can equal those conferred by you. The fraternal goodwill which has so conspicuously marked your deliberations has been to me a matter of infinite satisfaction and pride, and will not be the least among the grateful memories which will gladden my heart as I may hereafter review the incidents of my official connection with you.

To win your judgment and approval, to hold up the dignity of fellowship, the usefulness of association and the interest and prosperity of the profession at large have certainly occupied my most anxious thoughts since my elevation to this position; yet to cherish and promote the intimate and cordial relations of friendship between the individual members

this Association against all sectional distinctions or geographical lines, has also been among the chief objects of my ambition and the earnest desires of my heart. Could I now believe that my efforts have contributed in the slightest degree to enlarging that harmony of sentiment and fraternal feeling which has been so apparent throughout this meeting, I should feel that I had commenced at least to make some return for the great honor and kindness received at your hands.

It now only remains for me, gentlemen, to again express to you my thanks, to wish you a safe return to your homes and labors, a happy reunion with your friends and families and to pronounce that sad word, over which the heart of friendship would fain linger, as I bid you an affectionate *farewell.*

The Assocition then adjourned to meet in Washington, D. C., first Tuesday in May, 1870.

## ORGANIZATION OF THE GREENE CO. (PA.) MEDICAL SOCIETY.

Agreeable to previous announcement, quite a number of the Physicians of Greene county met in Convention in Waynesburg, on Tuesday, the 11th of May, at one o'clock, P. M. The Convention was organized temporarily by calling Dr. John B. Laidly to the chair, and electing Dr. T. W. Ross Secretary *pro tem.*

The Constitution of the State Medical Society was read, when it was resolved that the Physicians of Greene county organize themselves into a permanent Medical Society, that shall be and remain as an auxiliary to the State Medical Society and the American Medical Association. The objects of which shall be the advancement of knowledge on all subjects connected with the healing art, the elevation of the character, and the protection of the proper rights and interests of those engaged in the practice of Medicine, and the study of the means calculated to render the Medical profession most useful to the public and subservient to the great interests of humanity.

On motion, the Convention proceeded to the election of permanent officers, which resulted in the selection of the following named physicians: President, Dr. A. Patton; Vice President, Dr. A. G. Cross; Corresponding Secretary, Dr. L. H. Laidly; Recording Secretary, Dr. B. M. Blachly; Treasurer, Dr. T. W. Ross.

Doctors D. W. Braden, T. R. Rogers and S. Smith were appointed a committee to frame a Constitution and By-laws for the government of this Society, to be reported at its next meeting.

On motion, the Convention adjourned to meet in Waynesburg, on Tuesday, May 25th inst., at one o'clock, P. M.

J. B. LAIDLEY,
President *pro tem.*
T. W. ROSS,
Secretary *pro tem.*

### The Police Surgeons and Patrolmen.

The following General Order was issued last week by Superintendent Kennedy, of the New York Metropolitan Police:

1. At a meeting of the Board, held May 22, inst., the following amendments were made to the Rules and Regulations of the Metropolitan Police Force; and, as so amended, will be observed by the officers and members of the Force, viz:

Rule 34 to read as follows: "34. The Board of Surgeons shall make arrangements so that a Surgeon of adequate skill shall always be in attendance at the Central Department, and the Board of Surgeons shall be responsible for the proper performance of the duties of the position."

Rule 81 to read as follows: "81. When a transfer is made of any member attached to his District, the Surgeon shall immediately report in writing to the Surgeon of the District to which the transfer is made, whether any and what time has been lost by sickness, with the disease and circumstance of the case, as fully and particularly as is required in the monthly reports of the Chief Clerk."

Rule 95 to read as follows: "95. He shall reside in his Surgeon's District, unless otherwise allowed by the Board of Metropolitan Police."

Rule 493 to read as follows: "493. When a member of the force shall be transferred to a Precinct in another Surgeon's District, the Captain shall give notice of such transfer to the Surgeon respectively of the district *from* which and *to* which the transfer is made."

2. At the same meeting of the Board the following resolution was adopted—of which you will give special and particular notice to each member of your command, and, in case of violation, you will make charge in due form:

"*Resolved,* That members of the Force are prohibited from applying to druggists or doctors (except Police Surgeons) for medicines to be used by themselves; and from keeping at the Station House, or carry on their persons any medicines, unless such medicines are prescribed, in each case, by a Police Surgeon. A violation of this resolution will subject the offending party to fine or dismissal from the force." JOHN A. KENNEDY, Sup't.

GEO. W. DILKS, Inspector.

——VERY ACTIVE—The matrimonial market. See our columns. A sign of prosperity. The prospect of "good crops" does it all.

Medical and Surgical Reporter.

PHILADELPHIA, JUNE 5, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., Eds.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

## Law Regulating the Confinement of the Insane.

Two years ago a committee was appointed by the State Medical Society to prepare a draft of a law regulating the admission of patients into hospitals for the insane, and their discharge therefrom. The committee consisted of Drs. Trail Green, John Curwen, James King, J. S. Crawford, John L. Atlee, and R. J. Dunglison—every one of them well known physicians, of high standing in their several communities. The committee performed its duty, and presented an able memorial to the last Legislature, accompanied by the draft of an act. This draft was made the basis of an act which was passed by the Legislature. The modifications were suggested by some parties from this city, who sought to engraft on the act some very objectionable features. In this, they were only partially successful. The suggestions made by these irresponsible parties are not improvements on the original act as recommended by the committee, as will be seen by the comparison of the two acts given below. We venture to predict that time will show the necessity of modifying the act, and that it will ultimately be brought into closer accord with the original recommendation of the committee.

We herewith present the act, section by section, with such comments as suggest themselves.

### AN ACT

*To provide for the Admission of certain classes of the Insane into Hospitals for the Insane in this Commonwealth, and their Discharge therefrom.*

Section 1. Be it enacted by the Senate and House of Representatives of the Commonwealth of Pennsylvania, in General Assembly met, and it is hereby enacted by the authority of the same, that insane persons may be placed in a hospital for the insane, by their legal guardians, or by their relatives or friends, in case they have no guardians; but never without the certificate of two or more reputable physicians, after a personal examination, made within one week of the date thereof; and this certificate to be duly acknowledged and sworn to, or affirmed, before some magistrate or judicial officer, who shall certify to the genuineness of the signature, and to the respectability of the signers.

This section is an exact transcript of that proposed by the committee of the State Medical Society.

Section 2. That it shall be unlawful, and be deemed a misdemeanor in law, punishable by a fine not exceeding one hundred dollars, for any superintendent, officer, physician, or any other employee of any insane asylum, to intercept, delay, or interfere with, in any manner whatsoever, the transmission of any letter or other written communication addressed by an inmate of any insane asylum to his or her counsel residing in the county in which the home of the patient is, or in the city or county in which the asylum is located.

This section does not appear in the draft of the committee. It was evidently prepared by some one who knows nothing at all about the insane, and its wording is inconsistent with that of other parts of the act.

Sec. 3. On a written statement, properly sworn to or affirmed, being addressed by some respectable person, to any law judge, that a certain person then confined in a hospital for the insane, is not insane, and is thus injustly deprived of his liberty, the judge shall issue a writ of *habeas corpus* commanding that the said alleged lunatic be brought before him for a public hearing, where the question of his or her alleged lunacy may be determined, and where the onus of proving the said alleged lunatic to be insane shall rest upon such persons as are restraining him or her of his or her liberty.

This section is radically changed. The committee recommended in the supposed case, that "the judge, at his discretion, shall appoint a commission of three persons, one of whom, at least, shall be a physician, and another a lawyer, who shall hear such evidence as may be offered touching the merits of the case, and without summoning the party to meet them, shall have a personal interview with him, so managed, as to prevent him, if possible, from suspecting its objects. They shall report their proceedings to the judge, and if, in their opinion, the party is not insane, the judge shall issue an order for his discharge." Which is the more humane and sensible provision of of the two, we leave to the judgment of our readers.

The remaining sections, with the exception of the last, which has been added, are esssentially the same as those recommended by the committee. The act proposed by the committee was consistent throughout, in wording and aim, and fully up to the intelligence and humanity of the age. The inconsistencies apparent in the act as passed, the committee must not be held responsible for. It is a shame in this nineteenth century, to see an act on our statue books marred by the language of ignorance and superstition.

Sec. 4. Whenever any person is acquitted in a criminal suit on the ground of insanity, the jury shall declare this fact in their verdict; and the court shall order the prisoner to be committed to some place of confinement, for safe keeping or treatment; there to be retained until he may be discharged in the manner provided for in the next section.

Sec. 5. If, after a confinement of three months duration, any law Judge shall be satisfied by the evidence presented to him that the prisoner has recovered, and that the paroxysm of insanity in which the criminal act was committed, was the first and only one he had ever experienced, he may order his conditional discharge; if, however, it shall appear that such paroxysm of insanity was preceded by at least one other, then the court may, in its discretion, appoint a guardian of his person, and to him commit the care of the prisoner, said guardian giving bonds for any damage his ward may commit: *Provided*, always, that in case of homicide, or attempted homicide, the prisoner shall not be discharged, unless in the unanimous opinion of the Superintendent and of the managers of the hospital and the court before which he or she was tried, he or she has recovered and is safe to be at large.

Sec. 6. Insane persons may be placed in a hospital by order of any court or law judge, after the following course of proceedings, namely: on statement in writing, of any respectable person, that a certain person is insane, and that the welfare of himself or others require his restraint, it shall be the duty of the judge to appoint immediately a commission, who shall inquire into and reports the facts of the case. This commission shall be composed of three persons, one of whom, at least, shall be a physician, and another a lawyer. In their requisition they shall hear such evidence as shall be offered touching the merits of the case, as well as the statements of the party complained of, or of his council. If, in their opinion, it is a suitable case for confinement, the judge shall issue his warrant for such disposition of the insane person as shall secure the object of the measure.

Sec. 7. On statement in writing to any law judge by some friend of the party, that a certain person, placed in a hospital under the fifth section, is losing his bodily health, and that consequently his welfare would be promoted by his discharge; or, that his mental disorder has so far changed its character as to render his further confinement unnecessary, the Judge shall make suitable inquisition into the merits of the case, and according to its result, may, or may not, order the discharge of the person.

Sec. 8. Persons placed in any hospital for the insane, may be removed therefrom by parties who have become responsible for the payment of their expenses: *Provided*, that such obligation was the result of their own free act and accord, and not of the operation of law, and that its terms require the removal of the patient in order to avoid further responsibility.

Sec. 9. If it shall be made to appear to any law judge that a certain insane person is manifestly suffering from want of proper care or treatment, he shall order such person to be placed in some hospital for the insane at the expense of those who are legally bound to maintain such insane person; but no such order shall be made without due notice of the application therefor shall have been served upon the persons to be affected thereby, and hearing had thereon.

Sec. 10. If the superintendent or officers of any hospital for the insane shall receive any persons into the hospital after full compliance with the provisions of this act, no responsibility shall be incurred by them for any detention in the hospital.

Sec. 11. That nothing in this act shall be construed so as to deprive any alleged lunatic or habitual drunkard of the benefit of the writ of *habeas corpus*, or trial by jury or any other remedy guaranteed to alleged lunatics or habitual drunkards by any existing laws or statutes of the Commonwealth of Pennsylvania.

## Notes and Comments.

### The Medical Society of New Jersey.

A generation has grown up in New Jersey that knows not Joseph! For nearly twenty years this journal has regularly received from the Secretary announcements of the meetings of the Society. *This* year no such notice was received, though the physicians of that State have for so long a time been in the habit of looking to its columns for it. In consequence of this oversight we have been deprived of the privilege of being present, or of making any provision for a report of the proceedings of the 103d annual session of the Society at Jersey City, on the 25th and 26th ult. We have before us a newspaper report of the proceedings, but evidently so inaccurate that we scarcely dare touch it. Our friend, Dr. Corson, the retiring President of the Society, might almost maintain an action against the reporter (we mean the newspaper "reporter") for "wilful misrepresentation and slander" for his

report of his address! We understand from the imperfect report before us, that about fourteen counties were represented by about eighty delegates—that the usual routine of business was transacted—that the Report of the Standing Committee indicated a condition of health in the State that was anything but promising for the income returns to the assessors of tax for internal revenue—and that the following were a portion of the officers elected for the ensuing year—President, Dr. Wm. Pierson, of Orange; Recording Secretary, Dr. C. F. J. Lehlbach, of Newark.

### Photographs of Distinguished Physicians.

In the Reporter for the 1st of May, our readers will find a list of portraits of the most eminent European Physicians. They were collected by Dr. Wm. H. Helm, and are of the greatest interest to medical men. All the bright lights of science are found among them, and a physician could not have a more interesting album than one made up of the photographs of these teachers whose names are household words to all of us. For catalogue, prices, etc., address Dr. W. H. Helm, Sing Sing, N. Y.

### The New York Drug Bill.

The following bill was passed by the last Legislature of New York:

Sec. 1. No person employed or in attendance at any drug store or apotnecary shop shall prepare a medical prescription, unless he has served two years' apprenticeship in a drug store, or is a graduate of a medical college or a college of pharmacy, except under the direct supervision of some person possessing some one of the before-mentioned qualifications; nor shall any one having permanent charge as a proprietor, or otherwise, in any store in which drugs are sold by retail, or at which medical prescriptions are put up for sale or use, permit the putting up or preparation thereof therein, by any person, unless such person has served two years as apprentice in a retail drug store, or is a graduate of a medical college or a college of pharmacy.

Sec. 2. Any person violating the provisions of this act shall be deemed guilty of a misdemeanor, and shall be punished by a fine not exceeding $100, or by imprisonment not to exceed six months in the county jail; and in case of death ensuing from such violations, the person offending shall be deemed guilty of a felony, and be punished by a fine not less than $1,000, nor more than $5,000, or by imprisonment in the State Prison for a term of not less than two years, nor more than four years, or by both fine and imprisonment in the discretion of the Court.

Sec. 3. This act shall take effect immediately.

This act will do as a half-way measure, but what we want is not merely care in putting up prescriptions, but some guaranty that drugs are not adulterated. This is not touched upon in the New York Bill. We shall positively insist, in this State, that a diploma as M. D. is qualification enough for the proprietor of a drug store, a point designedly, we suppose, overlooked in the draft of a bill sent to Harrisburg by the Philadelphia druggists last winter.

### To Subscribers.

We have lately been preparing new mail books, and our subscribers may notice some errors in transcribing. In such case will they be good enough to point them out? It has been a formidable task, but it will much simplify our future operations. We have left ample space in our new books for new names. Now, friends, *fill them up.*

### Good Appointments.

We notice that the Commissioners of Charity and correction of the city of New York, have appointed our confrere Dr. E. S. Dunster, editor of the New York *Journal of Medicine*, House Surgeon of the Infant's Asylum on Ward's Island.

Dr. Louis Elsberg has been appointed by the Trustees of the University of New York, a Clinical Professor in its Medical Department, with special reference to diseases of the throat and air passages.

This institution is erecting a magnificent building especially adapted to medical education, in the immediate vicinity of Bellevue Hospital.

### Medical Society of Indiana.

The Medical Society of the State of Indiana met at Indianapolis, in the Senate Chamber, on the 18th of May, Dr. Field, of Jeffersonville, President, in the chair.

The attendance was large. A paper was read, among others, entitled "Why Doctors Disagree." If that question was settled, and the doctors agreed not to disagree any more, it was certainly a good meeting—and probably was in any event. It would have been to the advantage of the Society if its Secretary had made a brief report of its proceedings for our columns.

The following officers were elected for the coming year: President, George Sutton, of Aurora; Vice President, H. P. Ayers, of Fort Wayne; Secretary, G. V. Woolen, Indianapolis; Assistant Secretary, W. J. Elstun, Indianapolis; Treasurer, W. J. Lyons, Huntington; Librarian, H. F. Barnes, Indianapolis.

# Correspondence.

## DOMESTIC.

### On Carbolic Acid.

Editors Med. and Surg. Reporter:

Having seen a good deal written in the Reporter about the virtues of Carbolic Acid and its almost universal adjunct Glycerine, I thought it would not be amiss to add a mite of the little experience I have had with them. I will state that I do not believe they have been too highly lauded.

Mr. A. G., æt. 45, farmer and habitual drinker, consulted me in regard to an abscess which had formed in the palm of the hand. Depth of abscess was three inches, the hand being considerably swollen, and rapidly filling up with fungous matter. I prescribed the following:

℞. Acid. carbolic, ʒj.
Glycerinæ, ʒviij. ℥.

A small portion to be thrown into the cavity twice a day, and the orifice covered over with lint, saturated with the mixture. The roller was applied to relieve turjescence.

This treatment was persisted in for a week, when the patient was discharged; the part having healed thoroughly.

Mrs. E., æt. 50 years, came to me for the relief of a gun shot wound of the arm, of several months standing. Most of the load seemed to have entered at the olecranon process. Many shot penetrating the joint, while others glanced down cutting furrows through the periosteum on the posterior aspect of the ulna which was covered by a thin dermoid tissue beneath which a sinus extended from the olecranon nearly to the hand. Anchylosis had taken place. The probe revealed necrosis of the outer condyle of humerus, and head and part of shaft of ulna. A free incision was made from the joint downward, the parts thoroughly cleaned and the joint filled with the foregoing formula, and closed over with lint saturated with the same. This was continued until it healed up.

There is another agent I will include in this brief report, which I think possesses very valuable therapeutic properties, and may be applied to all carious and necrosed osseous surfaces with the happiest results. It is muriatic acid. About two years ago I was consulted by a mulatto woman who was suffering with necrosis of the tarsal bones of one foot, and of the distal extremity of the radius of the same side, which condition was no doubt owing to a syphilitic taint of the system. I chloroformed her, cut down upon the diseased bones, and after cropping them as well as I could, and thoroughly cleansing the parts with water injections, I commenced the daily injections of the following:

℞. Acid muriatic, ʒij.
Aquæ, ʒvj. ℥.

Of which a small syringeful was injected night and morning.

As a constitutional corrective, I gave her

℞. Potass. Iod., ʒiij.
Hyd. Bichlo, grs. j.
Aquæ, ʒiv. ℥.

A teaspoonful ter die.

The parts soon healed up nicely.

M.

*Montgomery Co., Md., May* 22, 1869.

### Scarlet Fever—Convulsions.

Editors Med. and Surg. Reporter:

Noticing your frequent request to have communications made short and to the point, I will without further ado sally forth; during the early part of April I was in attendance on several cases of scarlet-fever, of a malignant type, and meeting with the success too generally met with, i. e. a partial success, I commenced "*beating about*" for some theory, old or modern, on which to establish a new course of treatment, when the fungi and animalcular view of the cause of scarlet fever and diptheria occurred to me, and simultaneously the property possessed by carbolic acid, that of destroying animalculæ, presented itself. Knowing that carbolic acid has been frequently used as an application to scarlet fever and diptherial sore-throat with success, I determined to go a step further, and meet the enemy in the blood; the case under my care at the time, being a severe one, and succumbing rapidly, I resolved at once to make a practical application, ordered the following prescription:

℞ Acid. Carbolic, gr. xvj.
Aquæ Distil. f.ʒiv. ℥.

Sig: Twenty-five drops every two hours, and to be used as a wash for throat, and injected into nasal passages. The child being

very restless (during night particularly,) showing brain symptoms, and hence fearing opium, I gave 5 grs. of Bromide Potassium at bed-time. On making my visit the next day, found the treatment had acted well; I continued treatment, making no change whatever; case recovered; from that time to the present have depended entirely on this treatment with marked success. It will be noticed I gave the acid with distilled water; I do this that the acid may be untrammeled with vegetable or animal matter found in syrups and common water. I do not find on inquiry that carbolic acid has been used internally in the two diseases under consideration, viz: Scarlet Fever and Diptheria. I claim, or desire nothing, only to put before the medical public that which I have tried and found to be truly valuable, and I will go further, and say, so far proving a specific.

I will conclude by relating two cases of convulsions. Was called to see Willie Henry; found him in convulsions—having laid in this condition five hours—all the usual remedies having been applied by a neighboring physician, before my arrival, without producing the slightest amelioration in the symptoms; indeed the symptoms seemed to be tending towards death; I decided, with the sanction of Dr. Randle, to use the hypodermic syringe; injected one-twelfth of a grain of morphiæ sulph. under the skin, over the deltoid, and in twenty minutes convulsions gave way and he fell into a quiet sleep; has recovered—there being no recurrence of the convulsions. I would here state, that after the injection we watched the pupils, which were, before the hypodermic use of morphia, inordinately dilated, contracted down to mere points, when quiet sleep took the place of the horrid convulsion, giving us another proof of the great value of hypodermism. The second case of convulsions was substantially a counterpart of the one just described, treated the same with the same happy result, sleep following in this case in fifteen minutes. The above cases were children of nervous temperaments; cause of convulsions, shock; respective ages eight and five years. Respectfully,

*Phil'a., Pa.* H. C. PAIST.

——The Illinois Legislature has passed a law classifying drunkards with idiots and insane people, and giving their property and persons to the charge of guardians.

That is sensible and just. We wish more of our State Legislatures would enact such laws.

## NEWS AND MISCELLANY.

### A Valuable Scientific Museum Destroyed.

The St. Louis Academy of Science has recently suffered the loss by fire of its valuable collection of books, pamphlets, maps, etc. The museum contained six hundred specimens of marine shells, donated by the Smithsonian Institute, and was unusually rich in crania, skeletons of birds, and reptiles, together with Dr. Pope's mounted skeletons of mammals, purchased in Europe and transported at great expense; also about 1,200 specimens of minerals, embracing a full suit of Missouri minerals and ore. There were also an extensive collection of bones and teeth of extinct animals, and fossil turtles collected from the Mauvais Terre, Dakota, by Prof. Hayden; also the collection of rocks, illustrating various geological periods, amounting to four or five hundred specimens, including those collected by Dr. Wizlizenus during Colonel Doniphan's expedition to New Mexico.

### Decay of Erudite Physicians.

Speaking of the 17th century, M. Montanier observes:—"One feels astonished, almost alarmed, at the erudition exhibited by the men of that period, whether magistrates, advocates, Physicians, etc. In our own Profession, these erudite and lettered men were very numerous, and we are surprised by the deep and varied knowledge of a Naude, a Riolan, of a Guy-Patin, and many others. Those even who did not attain this highest reputation were yet men of very great merit, and their vast erudition reflected a ray of brightness over the whole Profession. In our own day, truly erudite Physicians are indeed rare. Scarcely can one name two or three in Paris, and these may be said, as it were, to make erudition their Profession. As to single Medical Practitioners having a tincture of the history of their art and profession, so few are they that it is doubtful whether they could be counted. In my opinion, this is a sad state of things."

——It is said that Justus von Leibig, the celebrated chemist, is making a great deal of money out of the meat extract factory which has been established at his suggestion in South America and one-half of the profits of which are paid to him.

We hope that will be the experience of our townsman B. J. CREW, for his elegant extract of beef certainly deserves an extended patronage.

### A Hygienic Ice Chest.

At the last meeting of the Massachusetts Institute of Technology in Boston, Dr. Garrett exhibited and explained what he called a hygienic ice chest, which he claimed would ventilate a room by means of ice. The apparatus had the form of a secretary, the middle portion containing ice, the lower receptacle for the water from the melting of the ice, and the upper portion containing convenient shelves. He said the coldness of the ice would make a downward draft of air through a slit in the top of the apparatus, and that the air thus cooled and deprived of its moisture would issue from the sides into the apartment, purified and refreshed. He added that the noxious effluvia of the sick room would thus be drawn in upon and condensed by the ice, and remain in the water below. It was not claimed that it supplied any oxygen to or removed carbonic acid from the air of the room, but that it removed unwholesome effluvia.

Mr. Lowe spoke of the hygienic importance of the relative humidity of the air within and out of doors, especially in sickness. This apparatus, by its ice, would make the issuing air drier, and, therefore, more healthful in the dog days, when the damp air is so oppressive. Moist air is the best conductor of odors, and the moisture is lessened by the ice. He thought, however, that the ice should be put in the top and not in the middle portion of the apparatus.

Mr. Duncklee made some remarks on the importance of securing in our dwellings a certain relative humidity, and said that from 40 to 65 per cent. is the best, both for sick and well.—*Scientific American.*

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### Mortality in the Hotel Dieu.

Vicq. d' Az yr and Lavoisier having been requested by the Academy of Sciences of Paris to compare with respect to their relative mortality the Hotel Dieu and La Charite, have signed a report in which the following passage occurs: "The Hotel Dieu, in fifty-two years, out of 1,008,741 patients has lost 244,720, a proportion of one in four and a half. La-Charite, which has only had a mortality of one in seven and a half, has lost 168,700. From these statistics results the fearful consideration that the Hotel Dieu has in fifty-two years cost France 99,044 citizens, whose lives would have been preserved if the Hotel Dieu had enjoyed as favourable position as that of La Charite. The loss of life in these fifty-two years represent 1,906 deaths a year, about the tenth part of the total and continuous mortality of Paris. The maintenance of this hospital, or rather of the situation which it occupies, produces therefore the same effect as would a plague which unceasingly desolated the capital."

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### The Time of Shakspeare.

We extract from a very interesting lecture lately delivered at the London and Middlesex Archæological Society, by Mr. B. B. Orridge, the following:—"In the poet's time, grocers seem to have been the druggists of the period; they probably merely provided drugs for the manipulation of the apothecary, or, in other words, there were no professional pharmaceutists, pharmacy as a science being comparatively unknown. The grocer-druggists, however, often came in contact with the Physician, and, as an instance of such social intercourse, it appears that a daughter of John Sadler became the wife of Dr. Wilby, a Physician, and in Quiney's will is mentioned another member of the profession. This will was proved in London in 1656, and in it is contained a bequest to his brother Thomas of £12 a year, *to be paid quarterly*, but no reference is made to Judith Quiney, the poet's daughter, who was still living."

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### A Dropped Fee.

A celebrated Surgeon was called in consultation, a few days since, to the house of Count B., who slipped a louis d'or into his hand as he was leaving. This was poor pay, and our Surgeon is no lover of poor pay. Making a grimace, he let his louis fall, and the Count stooped down, picked it up, and restored it to the Doctor. The Surgeon, however, stooped down in his turn, and pretened to be looking for something. "What do you seek, Doctor?" was the question. "I am looking for the other."

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### Consanguineous Marriages.

M. Voisin states as the result of a careful examination of 1,077 of his patients at the Biccetre and Salpetriere, that in no one instance of his idiotic, epileptic, or insane patients, could healthy consanguinity be legitimately regarded as the cause of the affection. He believes that the ill results which have been observed after consanguineous unions are not really due to these, but are to be attributed to the ordinary hereditary causes.—*Union Med.* October 3, 1868.

# Army and Navy News.

The following changes have been made in the Medical Department of the Navy: Surgeon John Abernethy is ordered to the Naval Hospital at Norfolk, on the 15th of June, relieving Surgeon Joseph Wilson, who is ordered to the Lancaster, and as fleet Surgeon of the South Atlantic Squadron; Surgeon C. J. Cleborne is ordered to the Macedonian, relieving S. Robinson, who is ordered to the Monocacy, in the Asiatic Squadron; Surgeon Woolverton is detached from the Monocacy and ordered to return home.

Fleet Surgeon A. A. Henderson is detached from the Pacific Squadron and ordered home. He will be relieved by Surgeon Lansdale, whose former orders to the Lancaster have been revoked. Passed Assistant Surgeon E. C. Vermulen is detached from the Tallapoosa and ordered to the Dale. Passed Assistant Surgeon J. B. Parker is ordered to the Tallapoosa.

—— A special Committee of the Massachusetts Legislature made an official inspection of the New York State Inebriate Asylum at Binghampton, last week, and announced their intention of reporting on their return in favor of establishing an institution like it in Massachusetts.

—— According to the report of the Superintendent of the State Lunatic Asylum at Fulton, Mo., there were 381 patients in the institution on the 31st of March. During the month of April 126 of these were transferred to the St. Louis County Asylum, leaving 240 inmates on the 1st of May.

——Dupuytren left a fortune of one million dollars. He received from Baron Rothschild $20,000 in a single fee, for the treatment of a fractured thigh.

——The practice of forcible dilatation of the urethra has been condemned by the Paris Academy of Medicine.

——Dr. Elijah B. Harmon died at Chicago aged 87 years. He was assistant surgeon at the battle of Plattsburg.

——Dr. Usher Parsons died lately in Providence, R. I., aged 80 years. He was surgeon at the battle of Lake Erie.

*[Notices inserted in this column gratis, ang are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]*

## MARRIED.

Anshutz—Philips.—May 11th, at the residence of Amor S. Shawhan, Esq., by the Rev. Wm. Robinson, Dr. G. B. Anshutz, and Miss Josie L. Philips, all of Morrow, Ohio.

Drane—Burradell.—May 12th, at the residence of the Bride's Father, in Marshall County, Ky., by Rev. J. B. Fletcher, Dr. C. H. Drane, of Ballard county, and Miss Sallie E. Burradell.

DuBois—Buck.—At Bridgeton, N. J., May 20, by Rev. Robert P. DuBois, Dr. Frank L. DuBois, United States Navy, and Clara M. R. Buck, daughter of Robert S. Buck, Esq.

Giberson—Jackson.—May 25th, at Christ Church, Brooklyn, by the Rev. E. H. Canfield, D. D., Charles H. Giberson, M. D., and Indiana, daughter of the late Samuel Jackson, M. D., U. S. Navy.

Hebbard—Vanderpoel.—At Calvary Baptist Church, May 19, by the Rev. R. J. W. Buckland, Harry C. Hebbard and Annie Octavia, daughter of Edward Vanderpoel, M. D., of New York.

Heritage—Shivers.—In Trinity Church, Swedesboro', N. J., on Wednesday, May 26th, by the Rev. Charles Cherrier, Rector, assisted by Rev. Charles Duane, J. Down Heritage, M. D., and Miss Lizzie F., eldest daughter of C. P. Shivers, Esq., of Swedesboro', N. J.

Jones—Prichard.—In this city, May 6th, by the Rev. A. H. Corliss, S. Preston Jones, M. D., of Philadelphia, and Miss Mary S. Prichard, of Stittville, N. Y.

Marshall—Worthington.—May 11, 1869, by Rev. William E. Moore, at West Chester, Pa., Mr. Thomas W. Marshall and Miss Kate D., youngest daughter of Wilmer Worthington, M. D., all of West Chester, Pa.

Swan—Collins.—At the residence of the bride's parents, May 25, 1869, by the Rev. A. H. Thomas, Samuel M. Swan, M. D., and Lizzie A., eldest daughter of Thomas M. Collins, Esq., all of Johnstown, Pa.

Spring—Wall.—By the Rev. Mr. Murphy, on the 5th of May, 1869, in Atalla county, Miss., at the residence of the bride's father, Capt. W. W. Wall, Dr. John V. Spring, and Miss Vivie S. Wall.

Von Below—Conkey.—May 27, 1869, at Roselle, N. J., by Rev. D. H. Miller, D. D., Otto Von Below, M. D., of Westfield, N. J., and Mary E., daughter of the late Ithamar Conkey, of Elizabeth, N. J.

## DIED.

Butler.—In East Berkshire, Vt., May 15, Dr. Sam'l Stone Butler, æt. 82.

He educated to the medical profession thirty-three young men, among whom were three of his own sons and one step-son.

Kirk—Macy.—In Kokoma, Indiana, May 18th, Dr. S. T. Kirk and Letta M. Macy.

Knox.—In this city, May 26th, Charles G., eldest son of Dr. J. Warner and Elizabeth H. Knox, aged 11 years.

Magruder.—In Washington, D. C., May 30, Dr. Wm. B. Magruder, æt. 60 years. He was formerly Mayor of Washington.

Rush.—In this city, May 26, 1869, James Rush, M. D. in the eighty-fourth year of his age.

Shepperd.—At Asbury, N. J., May 12th, Frederick P. Shepperd, M. D., in the twenty-fifth year of his age.

Van Pelt.—In New York, May 29th, Frederick R., son of Dr. M. D. and the late Cornelia A. Van Pelt, aged 18 years, 10 months, and 5 days.

## METEOROLOGY.

| MAY, | 24, | 35, | 26, | 27, | 28, | 29, | 30. |
|---|---|---|---|---|---|---|---|
| Wind..... | N. E. | W. | S. W. | N. E. | N. E. | N. E. | S. W. |
| Weather. | Clear Hazy | Clear | Clear | Cl'dy Rain. | Cl'dy. | Cl'd'y | Cl'dy Rain |
| Depth Rain | | | | | | | |
| *Thermom....* | | | | | | | |
| Minimum.. | 50° | 54° | 58° | 49° | 50° | 53° | 58° |
| At 8, A M. | 65 | 72 | 80 | 52 | 52 | 59 | 65 |
| At 12 M... | 73 | 80 | 82 | 58 | 59 | 75 | 74 |
| At 3, P. M. | 74° | 79 | 83 | 57 | 60 | 80 | 76 |
| Mean..... | 65.50 | 71.25 | 74.75 | 54. | 55.25 | 66.67 | 68.25 |
| *Barometer..* | | | | | | | |
| At 12, M... | 29.7 | 29.7 | 29.7 | 29.8 | 29.8 | 29.8 | 30.2 |

*Germantown, Pa.* B. J. Leedom.

AUG 13, 1869

THE

# MEDICAL AND SURGICAL REPORTER.

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## Original Department.

## Lectures.

### A LECTURE ON PNEUMONITIS.

By A. P. Dutcher, M. D.

Late Prof. of the Principles and Practice of Medicine in the Charity Hospital Medical College, Cleveland, O.

In some sections of our country this is a very common disease, and when it is produced or connected with certain epidemical influences, it often proves very fatal. The inhabitants of this city, and indeed, the inhabitants of all our lake shore country, are very obnoxious to this disorder and its various complications. The cause of this is the coldness, and humidity of our atmosphere, with the changeableness of the weather. Thus, one day there may be a temperature of 60 or 70 degrees, the next day zero. Such variations in the temperature of the atmosphere must always be attended with injurious consequences to the human system. Congestions, inflammations, and various fluxes will be the prevaling disorders among that portion of the community who are destitute of the means of life and those who pay little regard to the laws of health.

I.—THE CLINICAL HISTORY OF PNEUMONITIS.

The first symptom of this disease is a want of animal heat. The patient complains of being cold, no matter how high the surrounding temperature may be. This may last for a day or two, when suddenly it will culminate in a chill of more or less severity, which is very apt to occur just after he retires for the night. The chill is speedily succeeded by pains in the head, back, limbs, with thirst and fever. These symptoms are soon followed by cough, dyspnœa, with a feeling of weight and heat in the region of the sternum; a very rapid pulse, coated tongue, with constipated bowels, and scanty high-colored urine.

As the disease advances the cough frequently becomes very harrassing, and the expectoration scanty, viscid, rusty, and in some instances bloody; under the microscope it exhibits epithelium, mucous and pus cells, and blood corpuscles. In grave cases of the disorder the dyspnœa is usually very urgent, compelling the individual to lie upon his back, with his shoulders very much elevated. I recently attended a case, where dyspnœa was so distressing, that on several occasions the patient appeared to be on the verge of suffocation, and although the weather was extremely cold, the windows in her apartment had to be kept constantly open, rendering the room unpleasantly cool for those who had to wait upon her. She, however, made a good recovery, notwithstanding the threatening character of the symptoms.

The physical signs of pneumonitis are commonly very pronounced. There is usually on percussion slight dullness over the affected region, mostly confined to a limited space, the inferior angle of the scapula in particular. On auscultation the respiratory murmur is very feeble, and crepitation distinct, especially during a full inspiration. When the disease is confined to the inferior lobe of the lung, nothing abnormal will be elicited by a physical exploration of the other lobes of the same side. In the other side, if the disorder is not double, the respiration will be found rather more distinct than normal, owing to the greater activity of its functions, in consequence of the partial suspension of the suffering lung.

Such are some of the general symptoms and physical signs which manifest themselves during the first stage of primary uncomplicated pneumonitis; it is emphatically the stage of CONGESTION. But as the disease advances, usually as early as the third day, the dullness on percussion becomes more marked and extended. In a very bad case it may extend from the base of the lung to its summit, when bronchial respiration will soon supplant the feeble vesicular murmur and crepitation; an unfailing sign of the second stage of the disease,—HEPATIZATION. Now all the general symptoms are increased in severity. The fever is more intense; the pulse becomes more frequent; the respiration more hurried, the cough more troublesome, and the expectorations viscid and rusty. These symptoms are more severe after the middle of the day and continue so until the turn of the night, when they gradually become milder and allow the patient a short period of repose.

If the local lesion is not very extensive, this abatement in the severity of the symptoms usually amounts to a regular intermission. The skin becomes moist and cool, the breathing not so hurried, the pulse not so frequent, the cough not so harrassing, and the patient imagines himself almost well. But the advancing day dissipates his illusions, and brings with it all his distressing symptoms. In most cases where the local lesion is very great, you will find very little modification in any of the general symptoms, until

the disorder has passed its climax. This in the majority of cases occurs about the ninth day. In some instances the severity of the symptoms continue until the twelfth or fourteenth day, when they gradually give way, and we have cheering evidence of the third stage of the malady—RESOLUTION. The pulse now becomes less frequent, the dyspnœa less urgent, and the cough not so annoying. The expectoration is more easy, less tenacious and rusty, the fever not so high, the urine more abundant, the bowels more regular, the tongue cleaning, the appetite improving, and the patient on the high way to a speedy and happy convalescence.

The improvement in the physical signs, although not so marked as the general symptoms, are yet sufficiently clear to be readily distinguished by a careful auscultator. In a few hours after resolution commences in the affect lung, crepitation can again be heard as in the first stage, while bronchial respiration which succeeded, becomes scarcely audible. The improvement in the respiratory sounds always commence at the summit of the lung, and as the process of reparation goes on they gradually extend to its base. The same is true also of percussion. Dullness diminishes from the summit downwards, just in proportion as resolution advances, until the sounds become normal, and this generally occurs between the twenty-first and twenty-eighth day. In very mild cases it may take place some days sooner, very rarely, however, before the fourteenth day.

When the disease proves fatal there appears to be little or no abatement in the general symptoms. In some cases there may be a slight diminution in the dyspnœa, cough and expectoration, while in others these symptoms are increased in intensity; the cough is more distressing, the expectoration more profuse, and of a red, diffluent character. Dullness on percussion become more profound; bronchial respiration becomes much louder and accompanied with very loud mucous rhonchus, showing quite clearly that the lungs are almost useless. The pulse now becomes greatly increased in frequency, the respiration chiefly inter-costal, the extremities of icy coldness, rattling of mucus in the trachea with inability to expectorate, when the patient dies, not so much from exhaustion as from suffocation.

### II.—PATHOLOGY OF PNEUMONITIS.

In the description just given of the general symptoms of this disease, we have recognized three stages, namely, Congestion, Hepatization, and Resolution. These conditions are but the changes which the lung tissues suffer from an invasion of the disease. That these pathological changes are the result of inflammatory action, I have not a single doubt.

In the stage of CONGESTION, the capillaries of the lungs become loaded with red blood, and the tissues become infiltrated with a turbid and redish serum, holding fibrin in solution. When we examine a lung thus affected, it has a redish-brown appearance, somewhat swollen and softened, crepitating less than natural, but will not sink in water; pitting on pressure, and giving out from its cut surface an abundant reddish, frothy serum, that appears to escape mostly from the air-cells. It is a common opinion among pathologists, that the blood in an inflamed lung is effused into the air-cells, but we are inclined to the opinion, that it is contained chiefly in the distended vessels and in the lung tissues, although it may sometimes exude into the air-cells, but more of this anon.

In the stage of HEPATIZATION, the lung is brought into a state of solidity, more or less approaching the liver. The transition from the state of congestion to hepatization is gradual, and may be likened to the same overflow of blood, which causes the effusion of serum in pleuritis. A portion of lung thus consolidated, is so heavy that it will sink in water; but notwithstanding this it is softer than usual, so much so, that on being pressed between the fingers it is easily broken down. This softening seems to be the result chiefly of the interstitial deposit of soft, fresh lymph, which diminishes the molecular cohesion of the tissues; and the more severe the inflammation is, the greater generally is the softening.

The color of the hepatized lung varies much according to the quantity of blood left in it; if it be much, it is red; if little, pinkish brown, or redish gray, if it be mixed with black pulmonary matter. The deposit of lymph seems to supersede the red particles, or possibly it may be formed at their expense. When a hepatized lung is cut into or torn, numerous little granular points, the size of a pin's head, and of a pearly color are often observed. As to the nature of these granules, pathologists are not agreed; the general opinion is, that they are portions of vesicles and minute tubes, with their tissues distended with a deposit of lymph, and having the same matter in their interior.

As to the pathology of the stage of resolution, we know but little. We infer, however, from the resolution of inflammation in other parts, that it is effected chiefly through absorption and disintegration. Dr. J. H. BENNETTE rejects the idea of absorption; he says, "that in every case the hepatization can only be removed by suppuration." Dr. AUSTIN FLINT, on the contrary, says, "if the progress of the disease be favorable, the exudation is removed mainly or exclusively by absorption. It may be absorbed with great rapidity. After its removal, the air-cells are found to have sustained no damage." Dr. ALONZO CLARK, in an excellent paper on the Pathology of Pneumonia, read before the Academy of Medicine, New York, November 1st, 1865, maintains "that the pneumonic deposit can be easily and entirely removed by absorption."

Dr. CLARK also maintains in this paper, that the chief seat of the pneumonic deposit is in the air-cells, and not in the interstices of the lung tissue, as taught by some of our best pathologists. To prove this position, he says that he obtained lungs that were con-

solidated by pneumonitis and after making sections it was not difficult, with the point of a needle, to turn out the contents of the air-cells and observe them microscopically. By macerating, the air-cells became relieved of the plug of effused matter, which was dissolved, and on examining the lung tissue, from which the contents of the air-cells had been removed microscopically and otherwise, not only was it found that the air-cells themselves seemed to have undergone no material change, but that there was nothing whatever in the intercellular structure indicating any effusion or inflammatory action.

In all his investigations, DR. CLARK says, that he could find no foundation for the idea of a fibrous or plastic exudation into the intervasicular structure in pneumonitis. He also contends that there is no element in the third stage which is not present in the second, and the one is no more a stage of purulent infiltration than the other. What is considered as suppuration by DR. BENNETTE and others, is simply a loosening and breaking down of the effusion, with the change in the coloring matter, preparatory to its removal by absorption and expectoration. And that no individual can recover from pneumonitis without the third stage, which is really a stage of restoration.

But DR. CLARK cannot deny that suppuration does sometimes occur in a hepatized lung, and presents nearly all the phenomena of the same process in other parts of the body; that is, the semi-solid portion which constitutes the induration is lymph or blood, and is converted into pus, no matter whether it be contained in the air cells or the pulmonary tissues. Post-mortem usually shows that this suppuration is diffused, in the form of purulent infiltration; and it is very rare to find it assume the character of a distinct abscess. This is owing to the very porous structure of the lungs, which render the circumscription of the effused lymph, such as takes place in abscesses in general, a very uncommon result.

It is not, however, an uncommon thing to find on post-mortem congestion, hepatization, and suppuration all present in the same lung, but the second usually the most predominant. Frequently a large portion of the lung is found hepatized, with limited portions passing into suppuration. In most fatal cases a tendency to suppuration is exhibited in the gray and red coloring, and the increased softening of the pulmonary tissues; but a case in which a well marked suppurating lung is found to be the predominate lesion is comparatively rare, not because the tendency to this condition does not exist, but because death usually occurs before this takes place.

We, therefore, conclude that pneumonitis is not only an inflammation of interstitial tissues of the lungs, but also the air cells, and the seat of the exudation may be found in either. Where the exudation is found in the air cells, it is because their walls have been chiefly affected by the morbid process; and the blood vessels mostly involved are the branches of the pulmonary artery, which constitute the pelexus. When it is found exterior to the cells, it is in consequence of the disease spending its chief force upon the interstitial tissues, and the capilliaries of the bronchial arteries; this is more particularly the case when there has been co-existing bronchitis. This brief explanation will in some measure clear up the seeming contrariety of opinion expressed by some of our best pathological writers as to the immediate location of pneumonitis.

As to the real pathological nature of pneumonitis, quite opposite opinions are entertained. Some tell us that it is simply an idiopathic inflammation of the interstitial tissues of the lungs, while others say it is a blood malady which nature seeks to eliminate through the air cells. Indeed, it would be an interesting study to show how unsatisfactory the generally received notion of the nature of this disease is to the most intelligent medical writers of our day. But our space is too limited to dwell on that subject just now.

Pathological research has shown that in primary pneumonitis the inferior lobes of the lungs are more liable to be affected than the superior. Indeed, the superior lobes and apices of the lungs are rarely affected with pneumonitis, excepting in connection with pulmonary tuberculosis. M. LOUIS states that he constantly found pneumonitis affecting the upper and interior part of the lung, without a trace of the disease existing posteriorly to be tuberculous; and he lays it down as a rule that this localization of pneumonitis may lead to the diagnosis of tubercular disease previously undiscovered. But there are occasionally instances of exception to this rule, and they should be well considered by the practitioner before he pronounces a positive diagnosis. The right lung is more frequently affected in this disease than the left, while double pneumonitis is less frequently met with than either.

The circumstances which mitigate or aggravate this malady are numerous. Thus, the condition of the blood itself, and the general state of the solids, have an influence in this direction. We have a marked example of this in typhoid fever, where the softening of the tissues is much greater, and the color of the lung is darker. And, also in the lungs of intemperate persons, where the tendency to the suppurative stage is more marked. Indeed, all the specific blood poisons, such as syphilis, small pox, and scarlatina, are all incidental causes of the disease. The occurrence of pneumonitis during the progress of either of these disorders is a most alarming circumstance—one that frequently destroys the life of the patient. Pneumonitis after surgical injuries is almost always the consequence of PYO-SEPT-AEMIA.

*Concluded next week.*

# Communications.

## PRESERVATION OF VACCINE VIRUS.

By A. W. Lueck, M. D.
Of Mayville, Wis.

We this spring vaccinated children with virus, which we had kept for TWO YEARS upon a shelf in our office. During this period it was exposed to the elevated temperature of the last hot summers, and still the vaccine vesicle, resulting from it, went through all its stages of development; in fact the vaccination was such a success as we could only have hoped to attain with the perfect fresh virus.

The method of preservation is that of Dr. D. Prince, of Jacksonville, Illinois, and, since we have followed it closely, we will give it in his own words, (recorded in the *Chicago Medical Journal* for 1865,)

"Take a portion of common alum (Sulph. Alumina and Potassa,) and boil it upon a hot iron—a red hot shovel is generally employed—until the water of crystalization is driven out. From this exsiccated alum, fill half-full a bottle of an ounce or two capacity; such a bottle as is usually employed for sulph. morphia is convenient for the purpose. Envelope the vaccine seal in a convenient fold of paper (and tinfoil*) and place it in the vial over the alum. Adapt a well fitting cork, cut off even with the top of the bottle; seal air tight with good sealing wax, and set the bottle away upon a shelf.

"The one indispensable requisite to the preservation of vaccine matter is to dry it completely, and keep it dry. There is probably hardly any limit to the time it may be kept perfectly fresh and susceptible, if this condition is complied with.

"The same material may be used over from year to year by re-heating, to be sure that the vapor absorbed is thoroughly expelled. Upon this condition depends the success of the method."

* Our addition.

## POISONING BY CIMICIFUGA.

By J. B. Garrison, M. D.,
Woodville, Tennessee.

On the 21st of December, 1868, I was called in consultation to a lady, æt. 24, wife of an eminent physician of an adjoining county. She had been having labor pains during the greater part of *one month*. The pains were continuous during the day, but would cease after lying down at night. She had already reached the end of the *tenth* month of gestation; labor pains having set in at the expiration of the normal period. During the pains the uterus would contract vigorously, and the os would dilate to the size of a silver dollar, but would contract again after the cessation of the pains at night. This was her second pregnancy. A similar condition existed at her former labor, which was terminated safely after the administration of ergot. At the time of my visit the patient was in good health and spirits, and the fœtus was vigorous. It was decided to try the virtues of Cimicifuga as a parturifacient, as being safer than ergot, and from the fact that the uterine contractions were already tolerably energetic. Accordingly a drachm of Squibb's fluid extract of cimicifuga was administered. In less than two hours the patient began to complain of great pain in the head, back and limbs, with vertigo to such an extent that she could not sit up. Her pupils were enormously dilated and vision very much disordered. *The labor pains ceased entirely for* 36 *hours*, and the pupils remained dilated for that length of time, although the intense pain in head and limbs ceased in about 12 hours. During the first 12 hours after the toxic dose was exhibited, there was nausea and vomiting with feeble pulse and prostration. Brandy, coffee and aromatic spirits of ammonia gave relief. After the lapse of a few days the pains returned as vigorously as ever. The presentation being normal, we decided to give ergot, which was done. It produced tonic contraction of the uterus for several hours, but its influence gradually wore away and nothing was accomplished. I then punctered the membranes which were very dense (after having vainly tried to rupture with the finger,) and a large quantity of liquor amnii was evacuated. From this time the labor progressed rapidly and favorably, and in two hours the patient was delivered of a healthy child. No permanent injury to either mother or child, in this case, resulted from the cimicifuga; but I think it proper to record such an instance of its power, and consequent value as a therapeutic agent *when indicated*. It would be well enough to remark in this connection that this patient is remarkably susceptible to the influence of the narcotics; one eighth of a grain of the sulphate of morphia has produced profound narcotism requiring energetic treatment; and one two-hundredth part of a grain of the sulphate of atropia induced delirium and alarming symptoms. These facts might have been taken into consideration when the cimicifuga was given, and a minimum, instead of a maximum dose administered; but the sequel proved that it would have done no good. I place a high estimate on cimicifuga in the treatment of some forms of amenorrhœa and certain nervous disorders, but have had no experience to justify me in attributing to it any *specific* stimulant influence over that part of the nervous system which gives to the uterus contractile energy.

—— Not long ago, the Edinburgh University voted to allow a young lady to attend medical lectures, but the young men objected, and the permission was withdrawn.

# Hospital Reports.

PENNSYLVANIA HOSPITAL,
*Philadelphia, May 12th,* 1869.

CLINIC OF PROF. J. AITKEN MEIGS.

Reported by Dr. Napheys.

### Specific Skin Disease.

This old man has an eruption occupying the front of his shoulder on either side. It is remarkably symmetrical in character; could not have been more so if it had been marked out by an artist. The centre of the space described by the annular shaped eruption is now quite clear. It was the seat of vesicular and subsequently pustular disease. The border or margin is irregular in outline, and presents a broad tract of vesicular disease. Upon the limbs, the abdomen and genitals the eruption is also present. It is of a vague form between pemphigus and rupia. Upon the large limbs there are some blotches which have some of the characters of rupia when it first appears. Symmetry of character is a remarkable feature of secondary syphilitic eruptive trouble. In the tertiary period or stage of the disease this symmetry disappears, and the eruption takes place irregularly over the body, not conforming to any system whatever. The man denies emphatically anything like a syphilitic history. This is just one of those cases in which the physician should prefer to trust to his own eyes rather than to the statements of the patient. The symmetrical character of this affection would point to its being a secondary manifestation; but there is one peculiarity which inclines to the opinion that it is a tertiary symptom, and that is the character of the margin of the eruptive patches upon the front of the chest and shoulders. The centre is clear. It gives a good idea of what is called the serpiginous eruption of the tertiary form of the disease, in which ulceration takes place in one portion of the skin, and then heals up and brakes out again in a line around the original ulcer, thus spreading itself in larger and larger ulcers as it goes further from the centre. In secondary disease of the skin the cutile alone is affected; in the tertiary form the eruption becomes deeper.

In cases of skin disease of doubtful origin it is best for the practitioner to give himself the benefit of the doubt by instituting a constitutional specific treatment. This man has been placed on the treatment for constitutional syphilis. He has improved a great deal. When he came into the hospital he was in a very wretched condition.

### Hereditary Syphilis.

This little girl came into the hospital with a broken down, emaciated state of the system. From her whole history and condition there is no doubt that the case is one of hereditary syphilitic taint. There has been complete disappearance of the uvula, phagedena ulceration has extended up the posterior nares, and the ala of the nose on the left side has been destroyed.

Hereditary syphilis attacking a child soon after its birth will show itself by some inflammation of the mucous membrane of the mouth, constituting syphilitic stomatitis, which passes back into the throat, affecting the fauces; a roseolous rash appears upon the skin, and the child has a peculiar snuffling symptom due to swelling of the schneiderian membrane. The disease will run through stages just as in acquired syphilis.

The patient has been placed under the usual specific constitutional treatment, and subsequently cod-liver oil and iron added. She is rapidly improving.

### Consolidation Following Pneumonia.

This man came into the hospital a short time ago suffering from pleuropneumonia. Complete dullness yet remains in the left side of the chest; the respiratory murmur is exceedingly enfeebled on that side; and he is troubled with an irritative cough. The vesicular murmur is clear and distinct on the right side.

This is one of the results of acute pneumonia, when resolution stops short at the stage of consolidation. This condition of the lung often continues for a long time. Slow and gradual absorbtion may take place of the effused lymph, and the patient recover. But if there be any hereditary tendency to phthisis, under such circumstances, the interference with the aerotion of the blood and the consequent impairment of nutrition will gradually pave the way to the development of that disease, which, without the accident of pneumonia, might never have made its appearance.

The patient is on the use of muriate of ammonia and wild cherry.

### Case of Dysentery.

This man has been in the hospital for a week. His physiognomy is characteristic of dysentery, the nose is sharp, the cheeks flushed. The discharges have been exceedingly frequent, as many as thirty in the twenty-four hours; they are small, consisting of blood and mucous. He is beginning to improve, has had five passages since last evening at six o'clock, had less pain, and rested better.

He was put on the use of the oleaginous mixture and laudanum, with no appearance of fecal stools for several days. He is now taking the mild chloride of mercury, one-fourth of a grain, with three grains of Dover's powder every third hour. The discharges have begun to look a little more yellow and natural. This is the condition which it is aimed to effect in these cases.

The patient has something of a malarious look. It is often difficult to distinguish between the malarial physiognomy and that produced by dysenteric trouble.

May 15th. The patient looks and feels better. Moved five times since yesterday morning. The remedies employed have produced a better action of the liver, which was congested, and relieved the embarrassed portal circulation. He took the calomel and Dover's powder for two and a half days. Then, the stools becoming more bilious and less frequent, the mercurial was withdrawn, and he is now taking Dover's powder alone.

His tongue has cleaned very much and has lost the very red look it had. In this affection, after the bilious coating or fire has disappeared, it leaves the tongue of a red, angry, glassy look, which condition becomes an index of the state of the mucous lining of the bowels.

He is on the use of farinaceous diet, which is a matter of a great deal of importance in dysenteric affections. Indeed, when the attack is not exceedingly severe, dietetic considerations are of more value than medicine itself.

## Editorial Department.

## Periscope.

### Extensive Saw-Wound of the Skull.

Dr. A. C. Folsom, in the *Pacific Medical and Surgical Journal*, relates the following case, to which we have already alluded:

The patient was an employee, 40 years of age, of the Casper Mill company, and received an extensive and dangerous wound of the head from a circular saw, August 14th, 1864. I first saw him about half an hour after the accident, and made a hasty examination. The wound extended through the scalp and bones of the cranium and into the brain. Pulse 74, full, soft and flowing. Hemorrhage slight. Patient perfectly conscious, and free from pain. I sugggested the propriety of moving him to Pine Grove, one-half mile distant, to a more comfortable room. He thought himself able to walk. He was conveyed on a litter. On his arrival I made a careful examination. The wound commenced at the frontal bone, one-half an inch above the nose, and extended a little to the left and below the occipital protuberance, passing through the superior edge of the parietal bone. Measured by the convex surface of the skull, the length of the cut in the bones of the cranium was nine inches. They fell apart over an inch, the length of the scalp-wound being eleven inches. The membranes of the brain as well as its substance were divided, the former much lacerated, and the latter falling apart sufficient to admit a common pocket-rule to the depth of one and one-half inches, and a small silver probe two inches before touching the walls of the cut. The saw being circular in form, the wound must have been fully three inches deep, extending nearly if not quite to the base of the brain. Thirty-two minute pieces of bone, together with considerable sawdust, were taken from the wound, also, a table spoonful of the substance of the brain. The saw itself must have removed as much more. Warm water was used to promote hemorrhage while dressing the first time. The patient did not lose over two ounces of blood. No large arteries were severed. The pulsation of all the cerebral arteries could be distinctly seen. All that portion of the brain visible appeared normal. There was no congestion of the brain or its membranes. During the examination and dressing the pulse remained at 74. There was no pain or undue sensitiveness about the wound. The patient could not tell when the brain, its membranes, or the walls of the cut were touched, even when pressed upon with considerable force. He was sensible when the scalp-wound was touched. After removing the hair from the scalp, and cleansing the wound, a common tourniquet, without the pad, was applied to the head, and the edges of the cranial bones were gradually and carefully drawn together. The wound in the scalp required six stitches, an opening being left at each end and one in the centre. Adhesive plaster completed the dressing. I visited the patient daily for three weeks. The stitches were removed on the fourth day. The wound healed by first intention, excepting at the three points where purposely left open. I never succeeded in detecting any variation in the pulse, any cerebral disturbance or any irregularity of the digestive or urinary organs, and none was ever reported by his nurses. No medicine was ever needed during his confinement, not even an opiate. His appetite was always good and his sleep regular. There was a slight coating of the tongue the second day, but none afterward. The patient was dismissed after daily attention of three weeks, with the recommendation of perfect quiet for two or three weeks more. In five or six weeks from the date of injury he resumed his duties as foreman at the mill, and has filled that position ever since. I have recently examined the cicatrix. The bones appear firm with very little unnatural callus. Mental faculties perfectly intact. He says himself, that he has never suffered from head-

ache, and never experienced any inconvenience from the injury, that he is aware of.

The preservation of his mental faculties is perhaps the most remarkable feature in this very remarkable case. That he should have lived beyond a few moments is surprising; but his final recovery—his brain actually cut in two, accompanied with loss of substance but without any mental or physical derangement whatever, not even temporary—appears almost incredible. Nevertheless it is true, and ample proof can be furnished if needed.

It may not be amiss to mention that the saw by which he was wounded is about ⅛ inch thick and about 18 inches in diameter, with a speed of about 2000 revolutions per minute. The patient states that "he did not *feel* the cutting of the saw much, but heard it jingle and ring as it cut through the bones." It is obvious there could have been very little if any concussion, and certainly there was scarcely any hemorrhage. Perhaps for these reasons death was not instantaneous or nearly so. That he should ever perfectly recover is a great mystery. Others of the profession may advance a satisfactory theory to account for the recovery. I have none to offer.

The cut extended from the root of the nose to the occipital protuberance, or rather ½ an inch below it, consequently passing through the left parietal bone, and across the coronal and lambdoidal sutures; missing the longitudinal sinus. The widest gap in the skull was at the union of the coronal and saggittal sutures; that is, the point where measurement was taken. The wound in the scalp was longer than in the skull, at the back of the head, so I am aware there was no further fracture of the parietal bone. But fracture at the frontal bone I always suspected, for I could account for the gaping in no other way. But the wound was so horribly frightful, that I dare not make any very minute examination; confining my *surgery* in the case, to cleansing the the wound and bringing the bones together in the manner described; expecting to have him die while dressing his wound, and feeling tolerably certain I could examine him soon, after death, and satisfy myself more fully as to the nature and extent of the injury. Why hemmorrhage was not fatal, (in fact there was scarcely any,) is because circular saws have never produced hemmorrhage to my knowledge. They strangulate the arteries. I believe the femoral artery could be cut by them without producing immediate death. I dare not publish it as my opinion, but I believe the saw reached the base of the skull. How could the bones fall apart otherwise? That they did fall apart I am certain, and measured the opening.

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### Postural Treatment of Prolapsed Funis.

Dr. M. Yarnall, St. Louis, furnishes the following cases to the *Humboldt Med. Archives:*

I lay before the medical profession a report of fifteen cases of prolapus of the umbilical cord, occurring in the practice of Dr. T. L. Papin, of this city, in which reduction was effected by placing the parturient woman on her elbows and knees, the chest being depressed as much as possible, and the pelvis elevated so as to cause the abdominal viscera, with the uterus and its contents, to gravitate as far as possible from the superior strait. In this position the bulk of the prolapsed portion being held in the palm of the hand, the fingers and thumb extended embracing the cord, it is by gentle manipulation between the pains gradually passed back within the womb and beyond the promontory of the sacrum, and held in that position until the fœtal head becomes engaged in the superior strait, thus preventing a recurrence of the prolapse. The woman is then gently placed on her left side and delivered in the usual manner.

Of the fifteen cases, ten were born alive and did well; of the five remaining cases, all of whom died, one died from subsequent compression of the cord with the forceps after the cord had been successfully returned; in another the cord was completely severed with the same instruments; one died from the too free administration of ergot, and the remaining two were cases in which the children were in the transverse position, and no retaining of the cord was possible, as there was no engaging portion of the child to keep it up, and by the time the uterus was sufficiently dilated to turn and deliver the children were dead.

In every case here reported the cord was fully prolapsed, being in some entirely out of the vagina, and in several it was extraordinarily long and large. In two instances I witnessed the operation, Dr. Papin being at the time my preceptor, and I know several of the children who are now living in this city.

At the time these operations were performed a publication of them was not anticipated, and the names of the mothers and children, with the date of birth in each case, was not preserved; and hence only the more important features, including the number and result, are presented.

The method of operating is not original with Dr. Papin, but was suggested by an article published in 1854 or 1855 in a medical journal, merely as a suggestion, the author probably being Dr. Gaillard Thomas, of New York; of this, however, the Dr. is uncertain. He (Dr. Papin) had had a case but a short time previous to seeing the suggestion referred to, in which he had failed to replace the funis, and before the child could be delivered it was dead. The first successful case followed soon after, while both the suggestion and the loss of the first child were still fresh in his memory; the operation was performed and the success was complete. The other cases have occurred at intervals since.

Only two of these fifteen cases of this rare complication of labor happened in Dr. Papin's own practice; the others were cases in which he was sent for by midwives who were in attendance.

### Hair Dyes and Cosmetics.

Some hair dyes are innocent enough, and do not require any warning on the part of the medical man; others are dangerous, and the use of both kinds requires tiresome manipulations. Among the innocent kinds we may mention infusion of beans, and cypress cones, of willow bark, and ivory black. Among the second kind may be enumerated sulphate of lead, mingled with hydrate of lime and water, carbonate, acetate, and sub-acetate of lead in solution, to which dilute sulphuric acid is added, and which dyes the hair a dark brown. The salts of silver, too, are much used to blacken the hair, but they make the scalp irritable, and burn the skin and the hair follicles, and tend to produce baldness. Among the formulas mentioned are (1) acetate of lead, gr. xxx.; carbonate of lime, gr. xlv.; quick-lime slaked, gr. xl.; or (2) oxide of lead, two drs.; slaked lime, one ounce; starch, one ounce; and solution of potash, two drs.; (3) nitrate of silver, two drs.; bitartrate of potash, two drs.; feeble ammonia, four drs.; and lead, four drs.; (4) nitrate of silver and photo-nitrate of mercury, of each four drs., to four ounces of distilled water.

Such are the recipes most used by the hair-dyers of Paris and elsewhere; and it is evident that lead poisoning might easily be contracted by the use of those which contain the oxide of lead, and, as before remarked, that baldness would be likely to be favored by the use of those containing nitrate of silver. Certain substances are used for changing the color of the skin; for example, the white cosmetics, bismuth, or pearl white, is sometimes mixed with a notable quantity of arsenious acid, when it is dangerous; but when this substance is purified, it is innocent. A cosmetic, named Theenard's "fard," is composed of zinc flowers and talc in equal proportions, and is the best and most innocent cosmetic. The common white "fard" of the theatres is dangerous, containing as it does carbonate of lead. With regard to red colors or cosmetics, Brazil wood and cochineal may both be employed without danger. The carmine of Germany or China, too, is innocent, whilst rouge containing mercury is much to be avoided.—*Medical Times and Gazette.*

### Misery in Pekin.

The last report of the British hospital at Pekin has the following description: This year, as in former years, the number of beggars has been very great, chiefly with syphilitic condylomata, scabies, psoriasis, ulcers, and carbuncles. They almost invariably ascribe their affections to the House of Refuge outside the Chang-yih-men, where during the winter months upwards of a thousand are huddled closely together on hot kangs, often as many as forty on one bed. Each room has two such earthen beds, with sufficient space in the centre to admit of ingress and and egress, a raised fireplace for supplying warm water and and standing room for the overseer. seer. The recumbent position is unattainable. The beggars sit naked with their knees drawn up, each bolstering the other. Whatever contagious or infectious diseases are brought in or are there generated, soon spread and involve all. The condylomata or cauliflower excresences are sometimes numerous and of large dimensions round the arms, in the perinæum, and on the genitals. But when the whole body is so attacked, the armpits and inner aspect of the arms, the scalps, eyebrows, etc., the appearance baffles description.

### Electro-puncture in Thoracic Aneurism.

In the *Gazetta Medica Italiana-Lombardia* for October 31, Dr. Ciniselle relates a case in which electro-puncture was employed in the case of an aneurism of the ascending aorta, occurring in a man of good constitution, 46 years of age. The report comes down to the seventy-fourth day after the operation, by which time the patient had apparently quite recovered, and returned to his employment.

Medical and Surgical Reporter.

PHILADELPHIA, JUNE 12, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., Eds.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

## ON PATENTING SURGICAL INSTRUMENTS.

A change in the views of English medical men is perceptible on the question of the propriety of a surgeon taking out a patent for an instrument he has invented. Although we have always felt it the duty of a physician who subscribed to a fixed code of ethics, to abide by its regulations, and therefore have always opposed, on technical grounds, the taking letters patent on improvements in surgical appliances, we freely grant that there is no *a-priori* immorality in the act.

Dr. Chapman, well known as the inventor and *patentee* of the spinal ice-bag, says, in his work on sea-sickness, that "a due regard for the public welfare has necessitated professional repudiation of men who deal in *secretly compounded*, or quack medicines." . . . . But the same cannot be said of the grant of an exclusive privilege for a term of years, of making and vending a surgical instrument, or any mechanical instrument for a medical purpose. This privilege implies *no secresy*, and all the privilege the patent confers is that of an exclusive right, for a term of years, of making the patented article; and I am constrained to affirm that, in so far as the policy, the expediency, the morality, the dignity, in short, the principles generally approved by the profession, condemn the patenting of mechanical inventions in connection with medicine, precisely so far do they condemn the holding of copyrights in medical and surgical works, and the titles of medical journals." Dr. Chapman evidently considers the copyright of a book, or the patentright to an invention, to be among the most certain grounds for claiming property which can be brought forward, superior, probably, to the power of acquiring property by bequest, or by means of the transference of landed estates from one person to another. "And we are not indisposed to deny his argument," says the editor of the London *Medical Press and Circular*, "the more so that we have frequently heard it said that Dr. RICHARDSON, who has lately given such a boon to suffering humanity, by his invention of the ether-spray apparatus, instead of reaping a splendid reward for his services, has (except by means of a small subscription raised among the members of his own profession) been rather damaged in pocket by benefitting his fellows. Now, if we read Dr. CHAPMAN'S letter to the *British Medical Journal*, published in the *Medical Press and Circular*, Oct. 16, 1867, we find that he there says: 'I have been informed that soon after Dr. RICHARDSON invented his ether-spray instrument, Her Majesty's physician, Dr. JENNER, said if *he were Dr. Richardson he would patent the instrument.*' And further on we read, 'Before I patented the spine-bags, I consulted the President of the College of Physicians, SIR THOMAS WATSON, and the head of the Privy Council, Mr. SIMON, and both these gentlemen expressed the opinion that I was justified in doing so.' Such qnotations, in our humble opinion, show that Dr. CHAPMAN is, in all probability, right, and the majority of the profession wrong, in objecting to his patenting an instrument *which is by no means mysterious or secret.*"

We shall not be sorry to see this frank admission gain ground with the profession in this country, and the prohibition of patenting instruments re-considered.

## MEDICAL EDUCATION ABROAD: FRANCE.

Some interesting descriptions of the course of medical studies in the several continental countries have recently appeared in the *Medical Press and Circular* and the *Medical Times and Gazette* of London. As at this time medical education education is a topic of great interest with us, our readers may feel a desire to know how they arrange this matter over the water. We shall first describe the French system. The minister and council of public instruction make the programme of the lectures, select the text-books, etc. There are in the whole of France only three medical faculties, one at Paris, one at Montpelier, and one at Strasbourg. That of Paris has twenty-five regular professors, and numerous assistants and lecturers. Each of the university towns

has a superior school of pharmacy, and there are 21 preparatory schools or academies of medicine and pharmacy, viz: At Amiens, Angers, Arras, Besançon, Bordeaux, Caen, Clermont-Ferrand,, Dijon, Grenoble, Lille, Limoges, Lyon, Marseilles, Nancy, Nantes, Poitiers, Reims, Rennes, Rones, Toulouse, Tours, Chambery and Algiers are designated to become seats of learning. A military school is connected with the Val de Grace hospital, and military naval schools with some naval military hospitals, for instance, that of Brest.

There are lycees for secondary education, where the pupils are prepared for the examination for the baccalaureat es sciences. This is in writing and *viva voce*, and corresponds to the American grade of A. B.

Having obtained the certificate the student may get matriculated at a faculty. He follows his studies for four years in accordance with a programme sanctioned by authority, at least if he wishes to become a graduated doctor. There are two classes of medical men in France, the M. D.'s and the "officiers de sante." The latter study only three years, their examen is easier and less expensive, but they have only the right to settle in their own department, and not to undertake certain difficult operations. They do not practice pharmacy, but may occasionally be obliged to dispense their own medicines; they are, however, dying out.

The higher class of students have to devote two years to the natural sciences, anatomy, physiology, and the theory of medicine and surgery, and two more years to the practice of medicine, surgery and midwifery. Formerly the clinical instruction was postponed to the fourth year, but a recent law of June 16th, 1860, makes it obligatory to devote *two* years to the "stage" of the cliniques.

The externes are hospital assistants living outside of the walls, the internes live in it. Those who wish to become externes must be 18 years old, and inscribed in the faculty, but one inscription is sufficient. The externes are, however, chosen from the pupils, who pass a competitive examination according to merit. They attend the visits of the professors to whom they are allotted, and assist the internes in keeping the books. It is a rule to become externe to a suburban hospital before being admitted to a central one. There are "*feuilles de presence*" kept, wherein they have to inscribe their names to control their regular attendance, but this rule has often been evaded by others putting down the names of their friends. No one is entitled to be externe for more than three years. The "internes" are choosen out of the externes who pass with most credit at the next competitive examinations; they are appointed for two years, generally after the four years of study are over. They then live in the hospital, receiving small salaries and board, and perform the duties of house physicians and surgeons. After the professional visit, they fill up from their notes three books, one for the diet, another for prescriptions, a third for transference of patients or discharges.

The students pass examinations at the end of each year (*examen de fin d'annee.*) The first year's is on physics and chemistry, the second on anatomy and physiology, the third on pathology. Those who distinguish themselves at the examen of the fourth year, generally become internes at once. The examination for the license is in writing and *viva voce*, includes questioning at the bedside and operations on the dead body. The doctorate is the last and least stringent act of the state examinations. The *thesis* which is read before the representative of the faculty is generally written in French and defended in the same language, and it must be admitted that the first instalments of many excellent scientific works are produced during an academic year. As soon as an interne has obtained the degree of M. D., he has to give up his appointment. They often remain internes for three or four years, and even longer.

After this they often become military surgeons, or poor-law officers, or get other appointments.

Most appointments are obtained by passing competitive examinations. The concours are open for the externes and internes, those foreigners not being excluded who have taken their domicile in France. The Concours date from the year 1802. There are public meetings at the end of the academical year before juries. The members of the juries are nominated by lot; no jury contains more than two members belonging to the same establishment. The concours of the "externate" is confined to the medical affairs of the "bureau central." They take into account the testimonials of the clinical professors. The jury for the election of medical officers of the bureau central are hospital physicians and surgeons, five in number. For a surgical appointment, four of the members are surgeons, and one a physician: for a medical one, four are physicians, and one a surgeon.

The juries for the appointment of hospital physicians includes the leading members of the profession. The nomination is by the minister.

There is no apprenticeship in France as in England, but a sort of pupilage to a medical practitioner. Pupils who had no medical education assisted practitioners in the country in visiting, went afterwards to the provincial schools of medicine and became "*officiers de sante.*"

There is no particular state examination for medical officers of health. Medical inspectors are appointed by the government, and they have usually been in office before. There is a class of special inspectors for mineral baths, and for stations in the East.

## Notes and Comments.

### THERAPEUTICAL BULLETIN.

Compiled by Geo. H. Napheys, M. D.

No. 15.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc,. etc.

This selection will be such that each prescription will recommend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures reported to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form.

### TREATMENT OF EPILEPSY.

C. E. Brown-Sequard, M. D., F. R. S., etc.

| | | | |
|---|---|---|---|
| 128. | R. | Potassii iodidi, | ʒj. |
| | | Potassii bromidi, | ʒj. |
| | | Ammonii bromidi, | ʒijss. |
| | | Potassæ bicarbonatis, | ℈ij. |
| | | Infusi Calumbæ, | fʒvj. ℿ. |

A teaspoonful before each of the three meals, and three teaspoonsful at bed time, with a little water. In cases of idiopathic epilepsy, in which patients derive no benefit, or have ceased to have any, from the use of the bromide or iodide of potassium, alone or combined, or of the bromide of ammonium alone.

When the patient's pulse is weak, substitute for the bicarbonate potash in the above formula the sesquicarbonate of ammonia, and for the six ounces of infusion of columbo, an ounce and a half of the tincture of that medicine with four ounces and a half of distilled water.

Dr. Brown-Sequard gives the following very important rules relative to the treatment of epilepsy by the bromides of potassium and ammonium, employed together or separately:

1. That the occurrence during the day of the sleepiness, caused by the remedies, can be avoided by giving relatively small doses in the day time, and a much larger dose late in the evening.

2. That the quantity of these medicines to be taken each day must be large enough to produce an evident though not complete anæsthesia of the fauces and upper parts of the pharynx and larynx; that daily quantity being from 45 to 80 grs. of the bromide of potassium, and from 28 to 45 grs. of the bromide of ammonium, when only one of the salts is employed; and a smaller quantity of each, but especially of the second, when they are given together.

3. That an acne-like eruption on the face, neck, shoulders, &c., should be produced, and it is most important to increase the dose when there is no eruption, and also when the eruption is disappearing, unless the dose already given within twenty-four hours is already so large that any increase of it causes great sleepiness in the day time, a decided lack of will, of mental activity, dullness of the senses, drooping of the head, considerable weakness of the body, and a somewhat tottering gait.

4. That it is never safe for a patient taking either of the bromides, or both, and receiving benefit therefrom, to be only one day without his medicine, so long as he has not been at least fifteen or sixteen months quite free from attacks.

5. That the debilitating effect of the bromide in patients already weak, as are most epileptics, ought to be prevented or lessened by the use of strychnine, arsenic, or the oxide of silver, ammonia, or cod liver oil, cold douches or shower baths, and, of course, wine and a most nourishing diet. In making use of strychnine or arsenic, it must be kept in mind that not only the bad influences of the bromide, but also their favorable influences against epilepsy can be diminished by these powerful agents (especially strychnine), and that it is therefore necessary when these agents are used to increase the dose of the bromide.

6. That iron and quinine, which are generally injurious to epileptics, except in cases

in which the nervous affection is caused, or at least aggravated, by chlorosis, anæmia, or malarial cachexia, are more particularly injurious in cases in which the bromides are taken.

7. That a gentle purge every five or six weeks usually gives a new impulse to the usefulness of the bromides against epilepsy.

Hypodermic Injection.

129. ℞. Morphiæ sulphatis, gr. 1-4.
Atropiæ sulphatis, gr. 1-60. ♏.

For one injection, in a few minims of distilled water. Our author succeeded in curing a dose of epilepsy by the use of this injection.

Inhalation of Chloroform.

In a case of a gentleman who had pretty regular weekly attacks of epilepsy, Dr. Brown Sequard employed chloroform by inhalation, almost without interruption, for two or three days successively, with the object of preventing the expected fit or fits. It was of the greatest importance, in that case, to prevent a fit, as the patient, in a preceding attack, had fractured and dislocated one of his arms. The inhalation of chloroform saved him from the expected attack, and the callus had time to be formed before he had another fit.

George Johnson, M. D., F. R. C. P., physician to King's College Hospital, etc., London, speaks in high terms of chloroform in connection with bromide of potassium in this affection. He thinks that the action of chloroform inhalation, in warding off a threatened fit, and in cutting short a violent and prolonged paroxysm, is as uniform and certain as the action of anæmia in exciting convulsions.

Thomas Hawkes Tanner, M. D., F. L. S., etc., London, has used the vapor of chloroform, and believes that the fits have diminished both in severity and number from its employment.

J. Philpot Webb, M. D., of Nevada City, California, Licentiate of the Royal College of Physicians, of Edinburgh, etc., has recently reported a case of epileptiform convulsions, arrested by chloroform inhalations in a boy aged fifteen.

Mechanical and Physical Means.

Dr. Brown Sequard has found:

1. That it is not necessary to apply an irritation (by a ligature, pinching, etc.,) on the very limb from which an aura seems to start, as the same means applied elsewhere may succeed; but the chance of success is much greater by the former than by the latter way.

2. That a constant or a frequent irritation (by a blister, an issue, a seton, the actual cautery, &c.,) on the place from which an aura seems to start, may not only prevent fits, but, by some change of nutrition, locally, (if the aura is really of peripheric origin,) and, in the nervous centres, may reduce, or even destroy altogether, the tendency to fits, and lead to a complete cure.

3. That as a circular ligature may procure a temporary good effect, so a narrow *circular blister*, applied all around a limb, a toe, or a finger, or a circular cauterization with a white-hot iron, may cure epilepsy, in cases with a distinct aura.

4. That even in cases in which there is no aura felt or unfelt, ligatures, pinching, and other means of irritation, may prevent the occurring of expected fits.

When an attack of epilepsy is followed by a comatose state, or even a sleep with heavy breathing, it is of the greatest importance to place the head of the patient in such a position that the tongue, which is then paralyzed, will not fall on the larynx and cover its aperture.

T. S. Clouston, M. D., Edinburgh.

From extensive and very elaborately conducted experiments to determine the precise effect of bromide of potassium in epilepsy, and its proper dose, Dr. Clouston found that the diminution of the fits, and all the other good effects of the medicine reached their maximum in adults, at thirty grain doses ter die, while ill effects were manifested when thirty-five grain doses ter die were reached.

J. Waring Curran, L. L., & Q. C. P. J., etc.

130. ℞. Zinci oxidi, gr. ijss.
Ext. glycyrrhizæ, q. s.

For one pill.

One or two to be taken ter die. This, together with the bromide of potassium in mixture, forms a method of treatment not to be equalled in epilepsy, when assisted by the occasional application of Chapman's spinal ice bag. Neither remedy succeeds so well alone; the one is essential to the other.

J. M. Da Costa, M. D.

131 ℞. Zinci valerianatis, gr. iij.
Extracti belladonnæ, gr. $\frac{1}{6}$.
Pulveris digitalis, gr. $\frac{1}{4}$.

For one pill.

To be taken three time a day in case of epilepsy associated with irregularity of the heart.

PROF. WILLIAM A. HAMMOND, M. D., ETC., NEW YORK.

In regard to the dose of bromide of potassium in epilepsy, Dr. HAMMOND states that the symptoms due to large doses of the bromide may be enumerated as follows, in the usual order of their occurrence: 1. Contraction of the pupils; 2. Drowsiness; 3. Weakness of the arms and legs; 4. Depression of mind; 5. Failure of memory; 6. Delusions. The first three of these are the usual accompaniments of a dose of the medicine capable of producing any influence over epilepsy. In adults they never follow less doses than ten grains. Doses of five grains produce no effect.

HOSPITAL OF DISEASES OF THE CHEST, LONDON.

132. ℞. Potassii bromidi, gr. x.
Tincture conii, ♏ xxx.
Tincture valerianæ ammoniatæ, ♏ x.
Aquæ camphoræ, f℥ j.

For one dose, ter die.

HOSPITAL OF UNIVERSITY COLLEGE, LONDON.

133. ℞. Potassii bromidi, gr. x.
Spts. Chlorformi, ♏ xviij.
Infusi quassiæ, f℥ j. ♏.

For one dose, ter die.

DR. MARSHALL HALL.

134. ℞. Strychniæ acetatis, gr j.
Acidi acetic, ♏ xx.
Alcholis, f℥ ij.
Aquæ distillatæ, f℥ vj. ♏.

Ten drops (= gr. 1-50) to be taken in water ter die.

WALTER TYRRELL, M. R. C. S., states that he has watched the effects of strychniæ upon various forms of epilepsy and has no hesitation in affirming that in a large majority of cases its effects are most beneficial. He found but three cases in which it produced no favorable result, and no case in which it produced an unfavorable effect. He gives a medium quantity, as a dose, for a lengthened period, rather than carying the dose very high at first. The best results are obtained from gr. 1-10, to gr. 1-8 twice a day, in solution, the system appearing to regain its nervous strength under the continued use of the medicine.

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**Florida as a Winter Resort for Invalids.**

The Boston *Journal of Chemistry* for June has the following remark:

"The number of invalids who have migrated from the North to Florida, the past winter, is very large. It has been stated that up to February more than *forty thousand* had passed through Richmond and Lynchburg, on their way south. It is evident that this matter of sending sick people to Florida may be fraught with mischief to many, and that no one should leave a comfortable northern home except under the advice of a judicious, sensible physician.

Dr. J. D. MITCHELL, of Jacksonville, writes to a friend as follows: 'East Florida is *crowded* with visitors from the North this winter; and notwithstanding so much has been written upon Florida and its hygienic advantages, etc., a great many of those who are in the last stages of consumption come here to die amongst strangers. It is strange physicians do not try to learn more concerning our climate, so as to be able to more correctly judge what cases can be benefitted and what made worse.'"

We take occasion in this connection to mention that Dr. D. G. BRINTON, one of the editors of this journal, has now ready for press a "Guide Book of Florida and the South Atlantic States," especially designed for tourists and *invalids*. It will appear in August, and will contain full and minute information on the climate, soil, accommodations, routes, etc., of Florida, with a number of chapters expressly for invalids, describing what cases can be benefitted by such a change.

Dr. BRINTON speaks from personal observation and a thorough knowledge of the country gained in extended tours in different parts of the peninsula.

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**Prof. Herba, the Dermatologist.**

The Vienna correspondent of the *Medical Press and Circular* of London says: "There are specialists for the diseases of almost every organ at Vienna. First, for the diseases of the skin there is the greatest authority, not only in Vienna, but in the whole of Europe—except England, France, and Italy—Professor Hebra, a fat, short man, with a remarkable boldness and sincerity in speaking. His lectures are visited and diligently followed by all nations, except those of the Latin race; principally by Swedes and Norwegians. He has a great hospital at his disposition for demonstrations, and each man is presented, undressed, but the women only expose the affected parts. His work on the diseases of the skin is accompanied by plates most skilfully painted after nature by a physician who was at the same time a great artist. The work was printed at the expense of the Academy of Sciences. I heard him (who does not believe at all in homœopathy, but hates it less than the orthodox school) apostrophise his audience, when speak-

ing of acute exanthems, thus:—'Gentlemen,—I beg you particularly not to treat these diseases by another method than by homœopathy; that is to say, *do nothing!*' And on speaking of chronic skin diseases, especially eczema, he quoted a case which could not be cured by him. The patient did not return for a long time. Finally he met him in the street and found him quite cured, and asked how he was cured. He answered, '*By Homœopathy.*' The professor remarked on this—'But do not believe that it was the remedies; not at all—but the regimen, the abstinence from all external treatment, particularly from water and ointments.'"

### Cure for Snakebites.

Mr. Arthur Baillie, of Plymouth, paid attention to this subject as early as 1835. He entertained an idea that an emetic would be efficacious. Many years passed before he had an opportunity of trying the effect of such treatment. At length, in 1849, when he was staying at a cattle farm in Venezuelan Guiana, an Indian peon was brought to him who had been bitten by a rattlesnake. He treated him as he had previously determined, and had the satisfaction of seeing him recover. At the time he took notes of the case, and, a few weeks after, sent them to London for publication, and the fact was duly recorded in the *Medical Times*, September 1, 1840. He confidently recommends to the Profession the following treatment: When a man is bitten by a venomous snake, the prompt exhibition of a full dose of ipecacuanha combined with a little extract of capsicum, which is a powerful diffusive stimulant. After waiting fifteen or twenty minutes, let him have warm water to promote its operation. After that ceases, give him some light or liquid food, with brandy or other alcoholic stimulant. Ligatures and all kinds of applications to the external wounds are useless; the punctures simply indicate the part where the reptile has injected two drops of venom into the capillaries.

### Suicides at St. Petersburg.

Dr. Hubner gives the following particulars of those which occurred during the years 1858-67. They were 544 in number, 461 men and 83 women. During the same period there occurred 477 (384 males and 93 females) sudden deaths, and 424 (346 males and 78 females) deaths from drunkenness. Hanging was the most frequent form of suicide; officers, students, and man-servants chose shooting in preference; officials and clerks chose sharp instruments, and the inhabitants of Finland and the Eastern maritime provinces preferred drowning. A suicide took place as early as 11 years of age. Twenty was the most frequent age, then came 30, and lastly 40. In the period 1858-67 there occurred 198 suicides (31 females) from hanging and strangling, 117 (31 females) from cutthroat or suffocation, 103 (22 females) from drowning, 54 from gunshot, 49 (11 females) from precipitation, 22 (4 females) from poisoning, and one man fractured his skull total, 544. As far as the causes can be ascertained, Dr. Hubner arranges them in 4 categories, which attribute 112 suicides to insanity, 21 to bodily suffering, 114 to drunkenness, and 15 to family differences.—*Beilage zur deutschen Klinik*, Nov. 2.

### Criminal Poisoning.

M. Chevalier furnishes a table indicating the various substances which have been employed for the purpose of poisoning in the cases which have led to criminal proceedings in France during the ten years 1855-65. The total number of cases is 494, and the following is the list of the respective articles employed, twenty-nine in number:—Arsenic, 135 times; phosphorus, 180; verdigris, 15; sulphuric acid, 22; sulphate of copper, 83; nux vomica, 1; mercurial ointment, 1; cantharides, 10; glass in powder, 2; sulphate of iron, 3; colchicum, 1; Fioraventi balsam, 1; hellebore, 6; tartar emetic, 2; laudanum, 6; carbonic acid, 1; *eau sedative*, 2; ammonia, 3; hydrochloric acid, 4; strychnia, 5; syrup of poppies, 1; mercury, 2; morphia, 1; potash, 1; digitaline, 2; nicotine 1; prussic-acid, 1; croton oil, 1; antimony, 1; total, 494.—*Chimie Med.*, January.

### Description of a New Ligament.

O. Lannelong and A. Le Dentu—(*Arch. de Physiol. Norm. et Pathol.* 1, 448–450) describe a ligament which arises from the posterior layer of the sheath of the sterno-thyroid muscle, inserts itself at the inner surface of the first rib, behind the sterno-clavicular articulation, and is thence continued to the anterior surface of the pericardium. This band includes the remains of the thymus gland. It serves to fix the pericardium at its anterior portion, and is the counterpart of the "ligamentum vertebro-pericardiacum," described by Beraud, which attaches the posterior surface of the pericardium to the spinal column.

### How to Cure the Staggers.

Cumbrian farmers maintain a cattle dentist, and with manifest advantage to the health of their flocks; and some among them have surprising skill in treating sheep afflicted with the staggers. This disease is caused by the presence of a hydatid, the Tænia Cœnurus, in the brain; the skull becomes soft over the spot where the intruder lodges, and then the farmer, taking his knife, cuts out a disc of the softened bone, and, inserting a roughened quill into the brain, draws forth the cruel enemy, replaces the bone, and binds up the wound. I saw some sheep, with their heads in bandages, which had been thus treated, and had a talk with a young farmer, who told me that most of his cases survived the operation.—*Med. Times and Gaz.*

### Sign of Death.

M. Carriere observes that the D'Ourches prize of 20,000 fr., if it is intended for the author of a certain and easy method of determining the reality of death, ought to be conferred on himself, for the procedure he has successfully adopted during forty years. It is simple to a degree. If you hold your hand, having the fingers well pressed against each other, four or five centimetres from a lamp or candle, it appears transparent and of a rose color—capillary action being in full activity. Place the hand of a dead person in the same conditions, and this appearance is wanting; circulation being absent, the hand is like one of stone.—*Rev. Med., January* 31. [*Quœre:* How would this test apply during prolonged syncope?]

### Confection of Senna in Hæmorrhagic Affections, Etc.

Perhaps it will not be considered inopportune if at the present time I may be permitted to direct your attention to the great value of the confection of senna, administered in the usual dose, in case of hæmorrhagic affections, particularly the following, viz:—Epistaxis and hemorrhoids, and even also in dysentery when there is much blood evacuated. It may be difficult to point out its *modus operandi*, but, nevertheless, it seems to operate by contracting the venous capillary system. It may, notwithstanding, possess a peculiar virtue of its own in thus arresting, and also in curing, such affections. For some years past I have been extremely gratified by its being so administered, and I think that it deserves to be tried on a much greater scale in all affections where blood is preternaturally discharged. WILLOUGHBY ARDING, M. D. —*Times and Gazettee.*

### Ague in Russia.

The ague presents to the Russian *baboushka* (wise women or midwife) a field for the most singular operations in the healing line. It is surrounded by superstition and mystery; it is called "the neighbour," (fem. gen.) the "friend;" whilst its real medical name, *likhoradha* or *likhomanka*, signifies spiteful joy or spiteful allurement, as though an unseen spirit took a spiteful delight in torturing his victim. There is a belief that until it is frightened away it will continue to bother the patient, also that when coming to a favorable crisis, it appears in a hideous form in dreams. —*Romanoff's "Sketches of the Greco-Russian Church."*

—A not uncommon adulteration of glycerin is to mix sugar and dextrine with it. These substances have not hitherto been easy to discover when mixed with the glycerin; the following process is, however, said to answer perfectly: To 5 drops of the glycerin to be tested add 100 to 120 drops of water, 3 to 4 centigrammes of ammonium molybdate, 1 drop of pure nitric acid (25 per cent.), and boil for about a minute and a half. If any sugar or dextrine is present, the mixture assumes a deep blue color.

### Physiological Effects of Tobacco.

The Secretary of the London Med. Soc. read a paper by Dr. ELLIOTT, of Hull, on the effects of tobacco and nicotine on the goat. He found that an ounce of shag tobacco eaten from his hand by a goat, had no effect at all. He then injected beneath the skin of the neck ten minims of nicotine. Violent symptoms were produced in thirty seconds; loss of power in the limbs; hurried respiration, and muscular tremor. The pulse rose from 80 and 90 to 169. Death was momentarily expected, but, in twenty hours after the operation, the goat was quite well again. Dr. ELLIOTT considered that the complete loss of power when sensation was unaffected, and the heart's action strong, had a practical bearing, favoring the opinion of Professor Haughton that nicotine is the best agent for the treatment of tetanus and poisoning by strychnia.

# Correspondence.

"Death from Abortion."

Eds. Med. and Surg. Reporter:

Under the above title, in your issue of the 29th ult., you published a communication from Dr. Hopkins, of Utica, N. Y., in relation to a case where a girl had died from the effects of an "instrumental" abortion. Pending some diversity of "professional" opinion elicited at the Coroner's inquest, Dr. H. inquires, "Do the majority of women 'shed innocent blood'? Would the majority of women inflict such an injury upon themselves? Is not all experience to the contrary?"

In response to these questions I would say that rapidly accumulating evidence undoubtedly proves that, in many instances, woman does "shed innocent blood," and sometimes loses her own life as the penalty. In the case above referred to, the fact that the autopsy revealed a severely punctured vagina, indicates, rather than otherwise, that the victim had been her own executioner, in her blind rashness. Women, in certain straits, will make use of any means in their power to escape discovery and disgrace. Many are so circumstanced that they cannot command the pecuniary "bonus" necessary to secure the services of a "professional;" while many, learning something of the modus operandi of "professionals," and stimulated by the daring of desperation, will secretly resort to practices as hazardous as they should be detestable.

Cases of what are sometimes termed "accidental" pregnancy in the unmarried are frequently accompanied with strong incentives to the commission of this crime, when, to the disordered mind of the victim of lust, death itself appears preferable to exposure. Even within the sacred "marriage pale" are to be found women who do not hesitate to do violence to their own bodies under certain circumstances, prominent among which is the mere disagreeableness to some of the prospect of becoming mothers, and being subjected to the drivations and annoyances that result from having to nurse and care for little baby "nuisances."

There is reason to believe that in some localities the habit of slaughtering "the innocents" becomes so common among women as to be considered one of their *fashionable* accomplishments; and it is a notorious fact that both wives and their husbands too often manifest a morbid eagerness in their endeavors to obtain information of the means of preventing offspring.

Wives of well-to-do husbands are often jealous of each other's immunities from the burthens of maternity, and, the force of example outweighing all restraining consideration, they grasp at even the rudest means to "get rid of the thing," consoling their consciences as far as possible with the erroneous idea that if the deed is done before they "feel life," there is nothing essentially condemnatory in the act, further than the personal peril attending its accomplishment.

Two or three years ago I was informed by "one who knew," (an intelligent lady past middle life), that the habit of inducing miscarriages had recently prevailed among the "upper ten" class of married women in a certain large town, (where she then resided) to such an extent as to become a matter of unpleasant notoriety,—until it received a temporary check by the death of the wife of one of the eminent citizens of the place. My informant asserted it was the practice among the ladies of this fashionable circle to make certain uses of instruments for themselves when they found they were enciente. If no specially alarming symptoms attended the accomplishment of their desires, things passed off without any in particular being the wiser; but if the exigencies of the situation made it necessary, a physician would be called in to manage the case without being informed of the *real cause* that rendered his services requisite.

The writer was once astounded by the confession of an intelligent and gifted married lady to whom he was sometimes called, professionally, to arrest attacks of violent convulsions to which she had been subject for a number of years, that during the earlier part of her married life, she had produced, by her own hand, three miscarriages on her own person, with an instrument obtained by her husband for the purpose! The dreadful operation was repeated by this young, beautiful and stylish women because she did not want to be "bothered with babies." What was the consequence? Besides almost losing her life on the occasion of each miscarriage, this deluded woman has ever since daily, and almost hourly, suffered from aggravated disease of the womb, that has in great measure resisted skillful treatment, and robbed her life of nearly all the pleasure she hoped to secure by the avoid-

ance of the trials and self-denials of maternity. And this is not all. Now, that she has grown older and wiser, and the maternal instinct asserts its divine supremacy, and she would gladly clasp to her bosom a child born her own, she is deprived of the blessing through the inability of the disordered matrix to retain the germ of the human form divine longer than two or three months after impregnation.

G. B. H. Swayze, M. D.

Mahanoy City, Pa., June 3d, 1869.

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### Obscure Intermittent Affection.

Editors Med. and Surg. Reporter:

I accidentally came across the following case, fourteen miles from here, which I have been asked to treat. Will you or some of the profession give me, by letter or otherwise, an idea of the trouble and the treatment necessary.

Mrs. W., æt 38, is the mother of three children, eldest nine and a half years, youngest eight months.

In September, 1864, she had been feeling badly for ten days, when she was attacked with a chill about the middle of the day, which lasted all the afternoon, followed by a profuse cold perspiration. She resided in the mountains, where intermittent fever was unknown. The next day a cathartic was administered, which acted severely, causing vomiting. Her medical attendant then commenced a treatment of one grain doses of quinine every hour, until ten grains were taken. Sometimes larger doses would be given, but during the morning only. She suffered severely with her head. This treatment was continued every day during the fall and winter, being confined to her bed from September until February.

No chills were distinctly felt during the time, but the disposition to them was plainly perceptible. Finally, quinine was abandoned, and arsenic substituted. Three to ten drops of Fowler's solution was given three times daily for eight days. This she believes cured her, but thinks her system was saturated with the arsenic. She had very strange feeling and burning in the flesh afterward. "The chills were turned from cold to hot."

In May, 1865, the second child was born; she then kept her bed six weeks. "Had no strength, and felt the same kind of weakness as now."

In September, 1865, placed herself under the care of a doctress to be treated for some uterine trouble. The treatment consisted of local application to the uterus, and electricity, which cured her.

On the 17th day of September, 1868, had a very severe attack of neuralgia in the right side of the face, head, neck and arm, extending down the side, and subsequently inducing partial numbness. The fingers are at present numb. This attack brought on labor at eight months.

*Present Symptoms.*—A constant tired and weak feeling. The recumbent position always resorted to, though through considerable effort; sits up an hour at meal time, when it is necessary to have the back well supported. Pulse small and weak, 135 while sitting up, 105 when reclining. She does not believe it is generally so rapid. Thinks she has palpitation of the heart, and feels as if it will sometimes stop beating.

Has a dragging sensation and feeling of weakness in each lumbar and inguinal region, and in the abdominal spines, extending upward.

No appetite, but very little emaciation; bowels inclined to be loose; urine sometimes pale, and when such is the case, she suffers severely with headache. Can walk about twenty rods, and hold objects in her grasp but a few minutes. No agitation or unsteadiness in her movements.

Menstruates regularly; has a slight discharge from the vagina during the last five or six weeks. No bearing down pain.

Breathes and sleeps well; expression and color of face good; does not look as if anything ailed her.

Auscultation of the heart was overlooked; had no speculum to examine the uterus; urine not tested.

Some time previously she placed herself under the care of a Homœopathist, who after giving her nux vomica, belladonna, phosphorus, ergot, etc., and using electricity extensively for three weeks, dismissed her with the remark "there is nothing the matter with you."

W. J. Craigen, M. D.

*Emporium, Pa.*

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### Extra Uterine Pregnancy.

Eds. Med. and Surg. Reporter:

With your permission I would like to have some facts published in your valuable journal, bearing on the *comments* on the case reported by Dr. Palmer.

The Doctor assumes that his is the *first*

case *recorded* where extra uterine fœtation "has gone on to and beyond the full period of gestation," and that "in no case (except the one reported by him,) has pregnancy extended beyond four and a half months."

Although extra uterine pregnancy is happily of unfrequent occurrence, there are cases, authentically recorded, where the fœtus remained in its abnormal position, not only as long as Dr. Palmer's case, but much longer.

In Ramsbotham's System of Obstertics, page 579, there is a case of extra uterine pregnancy recorded at length, under the author's own observation, in which the fœtus remained eleven months in its abnormal position from the time of conception. Another case is recorded, (Ibid, page 573,) in which a child was removed, measuring 22 inches in length, which was retained in its extra uterine position no less than eight years.

Thus it appears, that, though Dr. Palmer's case is an interesting one, it is not an *exceptional* one.

P. J. Roebuck.

*Litiz, Pa., June* 4, 1869.

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**Bromide of Potassium in Epileptic Convulsions.**

Editors Med. and Surg. Reporter:

I was called, in the month of April last, to see a young married woman who her friends stated was crazy and having fits. On arriving at the residence of my patient, I found her in the midst of one of her paroxysms, which I diagnosed to be hysterical. Recovering from this one she soon passed into another of the same kind. I attempted to give her chloroform, but she could not tolerate it in any form of administration. She recovered soon from this paroxysm, and in the course of five or ten minutes was seized with another, which manifested all the symptoms of epilepsy. She had some three or four of these epileptic convulsions during the hour which I remained with her. During that time I gave her ten or fifteen grains of opium; when I left she seemed quite rational, and was resting very easy. Having another patient some distance in the country who needed direct attentions, I promised to call again on my return. I did so, and found that my patient had recovered from the effects of the opium, and had had one or two slight paroxysms. I then left her four powders of Bromide of Potassium, each containing about five grains. These I ordered her attendents to give her every three hours.

Called to see her next day; she had had one tolerably hard convulsion and one or two slight ones of an epileptic character; continued the Bromide of Potassium the same as the day before. Called to see her the next day; had been free from any convulsions since the day previous; felt but slightly the premonitory symptoms of one or two attacks. Continue the same treatment, with the exception of lessening the dose. To this date, May 21st, she has been entirely free from the convulsions or any of its symptoms. I will state here that this woman had been suffering from the paroxysms a day or two before she came under my care. In the course of three days I discontinued the Bromide of Potassium, and put her upon the Citrate of Iron and Quinine. She is now attending to her household duties. In this case I think that the Bromide of Potassium is deserving of all the praise.

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**Profuse and Long Continued Lochial Discharge**

Editors Med. and Surg. Reporter:

On the morning of April 30th, I was called to see Mrs. S. She was suffering from lochial discharge of two months' duration. About a month ago her child died, since which time it has been quite profuse, of a very dark color, and very disagreeable odor. There was no tenderness or pain in the region of the uterus. The patient was somewhat anæmic from loss of blood. Had been under treatment for about two weeks, but supposing she was receiving no benefit, had discontinued her medicine.

Attributing the discharge to a relaxed state of the system, and particularly to a relaxed condition of the uterus, I decided on the following course of treatment: Fluid ext. cinchonæ, f℥j, with ferri sulph. gr. j, three times a day before meals. And also fld. ext. ergot gtt. x, morning and evening in a wineglass full of water.

Under this treatment the patient made rapid improvement up to this date, May 9th, at which time she says she is "quite well" again.

It is also proper to state that the bowels were kept regular by the administration of seidlitz powder as occasion required.

R. H. McKay,

*Fort Craig, N. Mex.* Asst. Surg. U. S. A.

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**Treatment of Tape-Worm.**

Eds. Med. and Surg. Reporter:

I succeeded, a few days ago, in causing the expulsion of a tape-worm (Tænia lata) from an Irish woman, æt. 28, by means of the following treatment:

Patient took three compound cathartic pills at bed-time. The next morning at nine o'clock, having taken no breakfast, she swallowed an ounce of oil of turpentine with coffee. This was followed, in the course of two hours, by an ounce of castor oil; and the worm, which is thirty-one feet long, and contains upward of 2,500 segments, made its appearance in the course of the evening.

Very truly yours,

J. W. PINKHAM.

*Montclair, N. J., May 24th*, 1869.

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### Hydrophobia.

EDITORS MED. AND SURG. REPORTER:

Having the opportunity of seeing a case of hydrophobia, I thought it would perhaps be of some interest to submit the history and treatment to the readers of your valuable journal.

The case of Clara ——, æt., 16, residing on Germantown avenue, this city, was bitten by a strange cat, which had entered the house, about 9 weeks previous to the attack, inflicting only a slight wound on the right hand, about the wrist. The wound healed kindly, and no more attention was paid to it until Monday morning, 26th ult., about 6 o'clock, A. M., when she was suddenly seized with spasms, although feeling rather unwell a few days previous, with a catarrh in the head, as they called it, and also a slight numbness in the right arm.

Dr. ROSENBERGER and myself were called to see the case about 7 o'clock, A. M., and after getting the history of the case, soon recognized the disease. We at once attempted to give her morphia by the mouth, but on the approach of a liquid she was instanly seized with spasms and constrictions in her throat, with an inordinate amount of saliva in the mouth and fauces, which she attempted to clear with her hands. The pupils were dilated very much; pulse about 140. About 9½ o'clock Dr. S. R. MORRIS was invited to see the case, who at once recognized the disease, and upon his suggestion we gave her a hypodermic injection of morphia, consisting of a ¼ grain. At 12½ o'clock we went to see her again, and found it had acted like a charm, lessening the frequency and severity of the spasms, and was more tranquilized in her mind. She expired about 4 o'clock P. M., of same day, with less intensity of agony than the majority of such cases; assigning the happy results in mitigating the sufferings of this disease, *especially*, to the use of hypodermic medication, an indispensable mode of palliating the sufferings of many and innumerable diseases.

JAS. VAN BUSKIRK, M. D.

*Phila., May 19th*, 1869.

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## NEWS AND MISCELLANY.

### Cure for Snake Bites.

The London *Medical Gazette and Times* quotes this case:

A girl, named Isabella Mellross, aged 14, had, when drawing water from a hole, been bitten on the extremity of the last phalanx of the little finger of the right hand by a carpet snake, which had coiled itself round the cord of the ascending bucket. Dr. BARNETT, who was sent for, found that the mother had excised the bitten part, and put a ligature round the finger immediately, and given about two ounces of gin. The girl was being walked about between two others. Countenance swollen and dusky, conjunctiva much injected, cornea glassy, pulse small and slow, breathing also slow—a complete state of stupor, from which with difficulty he could only partially rouse her and obtain an incoherent muttering reply to a question; if the support was withdrawn she sank on to the floor. Dr. BARNETT injected fifteen drops of solut. ammon. into the median vein of the injured arm, also gave one drachm of sp. ammon. co., and washed the wound with solut. ammon. In a few minutes she became violently excited, laughing, crying, singing, biting, and throwing herself about so much as to require two persons to restrain her. The patient took five doses of brandy (three drachms) and ammonia during the afternoon, and by seven the excitement had subsided, consciousness was restored, and she was pretty well. The very next afternoon the same girl found a snake basking in the garden; she watched the brute and called for her mother to come and kill it, which was done: whilst she was stepping back out of the way, two snakes issued from a bush, and one of bit the girl on the hand. Excision, ligature, gin, and ammonia were administered by the mother, and fifteen drops of liq. ammoniæ were injected into a vein at the elbow by Dr. BARNETT. No symptoms of snake-poisoning occurred, however, although the patient suffered severely from the shock and fright. The cases are published in the *Melbourne Argus*,

We would remind our readers of the possible share, as suggested by Dr. Weir Mitchell, which the large doses of alcohol may have had in generating the symptoms.

### Small Pox in New York.

The Board of Health would seem to be rather uneasy under the reported spread of the small-pox in New York. They have employed sixty inspectors to visit the various public schools on a particular day to vaccinate the children. The day was to be kept secret, under the apprehension that their parents would not permit the children to attend. At the small-pox hospital on Blackwell's Island, 90 cases have been reported.

—— Hungary raises nearly all the wine made in the Austrian Empire, about thirty million barrels. It is worth on the spot about $2 per bbl., but, notwithstanding its cheapness, only about one per cent. of it is exported.

—— A patent has been obtained for the manufacture of water-proof paper. It will be no uncommon thing, by and by, to carry a quart of milk home in a paper bag.

[*Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.*]

## MARRIED.

Coleman—Richey.—May 18th, at the residence of the bride's mother (Mrs. M. J. Richey, Indiana Co., Pa.,) by Rev. D. J. Irwin, W. C. Coleman, M. D., of Latrobe, Pa., and Miss Belle J. Richey.

Jessop—Roland.—May 25th, in York, Penna., at Zion Lutheran Church, by the Rev. A. W. Lilly, Samuel N. Jessop, of Dauphin, Pa., and Miss Lizzie S., daughter of Dr. Wm. S Roland, of York.

Kitchen—Eckel.—May 18th, 1869, at the residence of the bride, by Rev. Albert Barnes, assisted by Rev. Herrick Johnson, D. D., Dr. Frank H. Kitchen, of Springtown, Pa., and Miss Annie M. Eckel, of this city.

## DIED.

Lincoln.—On the 5th instant, at Aiken, S. C., Mrs. Nannie Moale Lincoln, wife of Dr. N. S. Lincoln, of Washington, D. C., and daughter of the late Col. Samuel Moale, of Baltimore.

McKim.—On Sunday, the 6th instant, Mrs. Caroline L. Gibbs, wife of Dr. S. A. H. McKim, of Washington, D. C.

Pollock.—In Williamsport, Pa., May 29, Samuel Pollock, son of Wm. L. Purdy, and grandson of Samuel Pollock, M. D., aet. 4 years, 11 months.

Potter.—At Phillipsburg, Pa., May 13th, Mrs. Mary E. Potter, wife of Dr. T. B. Potter, in the 35th year of her age.

## QUERIES AND REPLIES.

Diseases of Women.—*Dr. C. H. H., of Ky.*—"Will you please give me the best way of using carbolic acid in ulceration of the cavity of the neck of the uterus? Should it be applied in crystals, or in solution, and of what strength should the solution be, and how often should it be applied? Is it a good remedy in ulceration of cavity of neck of uterus? What is the best caustic to apply in ulceration of uterus, and should it be applied in solution or in substance, and how often should it be applied? What is the best treatment in chronic inflammation of the membrane that lines the cavity of the body of the uterus? Are not injections into the cavity dangerous? Please tell me the best work on diseases of women."

Carbolic acid crystals usually liquify in warm weather. They should be dissolved in three or four times their weight of water, and the parts touched lightly with the solution. In many cases very much weaker solutions will answer. Nitrate of silver, chromic acid, bromine, and carbolic acid are the best caustics in such cases. The frequency of their application depends on the case. Thomas on Diseases of Women is as good as any work in the language.

Uses of Chromic Acid.—*Dr. C. H. H. of Ky.*: "I wish you to answer the following question through the columns of your valuable journal: I have just been reading an article in one of my medical journals on ulceration of the cervix uteri, where it says that chromic acid should not be used of a greater strength than equal parts by weight with water. Now I wish you to tell me if I understand these proportions right or not. Am I to take, say forty grains of chromic acid and forty grains of water? Are those the proportions that I am to use to make a solution of equal parts of chromic acid and water?"

Prescriptions ought never to be written in this loose way. We suppose that twenty grains of chromic acid and twenty grains of water are meant.

A Dentifrice.—*Dr. J. P., of Indiana.*—"I examined lately a lady's and a gentleman's teeth. The molars were very thickly covered with an earthy tartar-like deposit, which has same color, and if not scraped off, gets very thick all over teeth and is very annoying. Their health is otherwise good in all respects. Is there anything I can use to remove the tartar?"

A good simple dentifrice for the purpose is:

℞ Cretæ prep., ℥j
Pulv. Orris Rad.,
Pulv. Camphoræ aa ℥ss ɱ
S. P. r. n. ad lib.

American Pepsin.—*Dr. W. S. R.*—On page 241 of the *Compendium*, part 3d, and page 249, Sept., 1868, number of the Reporter, I read a very interesting article by Dr. I. S. Hawley, "On the use of Pepsin in the Diarrhœa of Infants." In the cases so successfully treated uy the doctor, he uses the "American pepsin." Does he refer to Houghton's, or is there another American preparation? I wish to be informed. I have been fortunate in the treatment of some cases of dyspepsia with the foreign pepsin, but of late I think it is not as pure as formerly.

Dr. Hawley refers to the pepsin he prepares himself. He can be addressed at Greenpoint, N. Y.

Uterine Ulcers.—*Dr. J. K., of Ky.*—Some prominent physicians now dispense with the caustic pencil in uterine ulcerations, and, instead of it, medicate the gutta-percha cup (advertised in this journal) with Iodide of Potassium, or any other paste to suit the case. The cap is also an effective uterine supporter. The treatment is, therefore, appropriately adapted to the case you inquire about.

The Effect of Vaccination.—*Dr. W. F., of Ind.*—"Will you tell me, through the Reporter, whether any person that never was vaccinated can have the small-pox, and not one pustule fill? and will a person take the varioloid from a varioloid patient? This question is on debate, and your answer decides it."

To the first question we answer, *no;* to the second, *yes.*

*Dr. B. M. of Iowa:* "Will you please inform me through your Answers to Correspondents, whose truss is described by D. L. D. Sheldon, in your issue of March 13, 1869, and who manufactures them?

Address Mr. Sheldon, 704 Broadway, N. Y.

*Dr. J. H. K., of Pa.*: "Will you please inform me whose patent for *Drug Mill*, calculated for shop use, is most approved, and price of the same."

The best pattern is Swift's. We can send you one for $16.00.

*Dr. A. A. C., of Mass.*: We can send you the Journal of Obstetrics for $3.00 a year. It is still published, and we have not heard that it would be discontinued.

*Dr. J. I. G., of Ga.*—A good set of Obstetrical Instruments costs $20.0. a good Hypodermic Syringe, $4.50.

*Dr. R. H. L., of Iowa.*—Hodge, on diseases of Women, costs $4.50, sheep. His forceps are $7.00.

THE

# MEDICAL AND SURGICAL REPORTER.

No. 642.] PHILADELPHIA, JUNE 19, 1869. [Vol. XX.—No. 25.

## Original Department.

## Lectures.

### A LECTURE ON PNEUMONITIS.

By A. P. Dutcher, M. D.

Late Prof. of the Principles and Practice of Medicine in the Charity Hospital Medical College, Cleveland, O.

*Continued from page 439.*

III.—DIAGNOSIS AND PROGNOSIS OF PNEUMONITIS.

The DIAGNOSIS of this disease can, in most instances, be made out from the general symptoms; but their occurrence and their degree are very uncertain, and by no means constantly announce its extent or even its presence. Of any single symptom the expectoration is certainly the most signiticant. But this is not always to be depended upon, for it is sometimes communicated to the bronchial mucous membrane by congestions which are not inflammatory, as in organic diseases of the heart, causing great pulmonary congestion, and, also, after pulmonary hæmorrhage. The physical signs are therefore more to be depended upon than the general symptoms. When crepitation is present, it usually points out its existence, extent and state. Increased dullness on percussion with bronchial respiration, always shows that the disease has passed into the stage of hepatization.

There are only two diseases with which pneumonitis may be confounded, bronchitis and pleuritis. From the former it may be distinguished by the crepitation, which is finer and more equal than that of bronchitis, by the rusty tinge of the sputum, and as the disease advances, by the dullness on percussion, and bronchial respiration, the skin is hotter, and less livid than in severe bronchitis, neither is the cough or dyspnœa generally so urgent. From the latter it may be distinguished by the absence of that sharp, cutting pain in the side, which renders the act of deep inspiration and coughing well nigh impossible, the presence of crepitation and the rusty sputum, and also the absence of the chlorides in the urine during the stage of consolidation. Their reappearance shadows forth returning health in the lung.

The PROGNOSIS of pneumonitis is commonly favorable. When it becomes complicated with other disorders, or is secondary to them, the prognosis should be given with great caution. Double pneumonitis is a very grave and fatal disease, and it almost always points to the existence of pulmonary tuberculosis. The duration of simple pneumonitis is usually twelve or fourteen days, at which time convalescence will be pretty firmly established. When it terminates fatally death commonly occurs late in the second stage. This stage of the disease is reached in different periods of time. I have seen cases where the whole lobe of a lung was perfectly hepatized in three days from the commencement of the culminating chill. Dr. FLINT says: "I have known an entire lobe to be solidified by two pounds of exudation matter, as determined after death, in less than twelve hours." I have never met with a case where hepatization occurred in so short a period, neither do I think it possible. It usually takes from three to five days for a lung to become perfectly solidified, and some times longer. As a general thing death occurs sometimes during the second week. It is said that the disease sometimes lingers for a long time, that is, becomes chronic, and the patient ultimately dies with symptoms resembling pulmonary tuberculoris. Pathological research would rather confirm this idea, but the clinical evidence in support of it is more imaginary than real. Chronic pneumonitis is a disease that does not admit of a description. I know of no characteristic symptoms that would point out its existence. All the symptoms are physical signs that have been mentioned by our standard authorities as evidence of the disorder, may and do occur in cases of bronchial dilation or tubercular diseases of the lungs.

Statistics show that the influence of age on the mortality of pneumonitis is very great. The period of life during which the most favorable termination is to be expected, is before the age of thirty. After this the disease becomes more fatal, without our being able to refer this to any other cause than the progress of age. In young children it does not appear to be more fatal than in adults; but then it is comparatively rare, most of the cases being secondary, and much more fatal. Thus, when it occurs in chronic disorders, especially in chronic dysentery, in cancerous and tuberculous diseases, and heart disorders, it sometimes hurries the patient out of the world very suddenly. When it occurs as a complication of delirium tremens, it most always proves fatal. Indeed, we may say, that persistent and continued delirium, even in individuals whose habits

are regular, when suffering under this disease, is a very serious symptom, frequently terminating in coma and death. Under such circumstances, post-mortem, will commonly show inflammation in the brain, particularly the membranes of the organ. Occasionally, however, where the disease has manifested a typhoid type, and the delirium has been of a low, muttering form, the most careful examination of the brain has failed to detect any organic lesions.

IV. MEDICAL MANAGEMENT OF PNEUMONITIS.

This must be adapted to the age of the patient, his constitutional temperament, the type and stage of the disease. If the patient is young, of a marked, sanguine temperament, and plethoric, the attack acute, primary, and the disorder in the first stage, anti-phlogistics are in demand. Venesection stands at the head of the list of our therapeutical measures for this form and stage of the malady. And in this age of medical skepticism in relation to the remedial power of medicine, in mitigating and curing pneumonitis, even those arch innovators in medical practice, Drs. A. Flint and Chambers, have not had the courage to ignore it altogether. It is true, cases pass through the disease safely without bleeding, and so they do sometimes without any medical treatment. But this is no argument against the use of the lancet. Its utility must be settled by an appeal to the results of practical experience, and these are all in favor of venesection, as they now stand recorded on the pages of medical history.

From my own observation, I am well satisfied that, during the last ten years, the mortality of pneumonitis has been increased very much by the non-employment of the lancet, and other legitimate anti-phlogisicts, which once received the sanction of scientific physicians the world over. But I hear you say, bleeding will not cut the disease short. I am not so sure of that. I think I have met with cases where the disease has been promptly arrested in the first stage by a prompt and free bleeding. But supposing it will not cut that disease short, as many maintain, yet I still contend that it is highly useful in mitigating the more pressing symptoms, and preparing the system to receive the benefit of other therapeutical measures.

When bleeding is instituted under the circumstances indicated above, it should be performed promptly. The patient should be in the semi-erect posture; the pulse should be reduced in force and frequency, the breath should be more freely drawn, the pain in the chest should be lessened, before the arm is tied up. Dr. Smett in his lecture on pneumonitis says, "No exact rule can be given as to the quantity of blood that should be abstracted. A single free bleeding of eighteen or twenty ounces, or until some degree of faintness is induced, may reduce the pulse permanently to a sufficient degree; while in other cases, and they are frequent, the pulse may rise again in force, and require a repetition of the same practice, even for several times, and at short intervals. As a general rule, however, one or two blood-lettings from the arm, sufficient to induce a degree of faintness, are enough to reduce the pulse, and prepare the system for other remedies."*

If, after bleeding the skin still remains hot, the pulse full and frequent, the urine scanty, and the bowels constipated, a wine glass full of the following may be administered every two hours, until the latter are freely moved:

℞ Magnesiæ sulphat.
Sodæ sulphat. aa ℥j.
Antimonii et potassæ tart. grij.
Aquæ fontis, f℥viij. M.

After this, the following may be given in teaspoonful doses, every two or three hours, as the necessity of the case may demand:

℞ Syrup. senegæ f℥ss.
Tinct. digitalis,
Spiritus ætheris nitrosi aa f℥iij.
Morphiæ sulphat. gr. ij.
Syrup. simp. f℥j. M.

In this first stage of the disease I have found few things more useful than the alcoholic fumigating bath, especially where the skin remained persistently hot and dry. At this stage of the disorder local depletion and counter-irritants are frequently indicated, particularly the latter. Mustard poultices, turpentine stoups, the oil silk jacket, and Dr. Chamber's *mush jacket* may all be useful in their place, but with the exception of the oil jacket, they are such filthy applications that I seldom recommend them. The emplast. cantharidis is an infinitely better therapeutical agent. I know it is objected to by many practitioners at this stage; they say it aggravates the disease. But we have no evidence of this. If the feelings of the patient are to be be taken in testimony, as to the value of any therapeutical agent, we surely have no lack of evidence for the employment of blistering in every stage of the complaint. Some physicians have attempted to explain away its utility upon the grounds of some hypothetical physiological principle, that a blister can never do any good until the stage of resolution, and then its chief value is owing to its influence in producing active cell growth and disintregration, which restore the affected parts to their wonted health.

In the second stage of pneumonitis antiphlogistics are still demanded. This will not be questioned by any scientific practitioner who has been much in the habit of treating this disease outside of the wards of a large hospital. They are especially indicated when the disease appears to have become stationary. A few ounces of blood taken from the arm will often produce a very marked change in all the symptoms for the better, when even a good portion of the lung is perfectly hepatized.

Listen for a few minutes to what Dr. Chambers says on this subject:

"You will find some authors try to ground rules

*Swett on the Chest, p. 108.

about blood-letting in pneumonia in the supposed degree of consolidation of the pulmonary tissue. These rules are practically inapplicable. They say you should bleed so long as you know that the lung is in the first stage of consolidation, (i. e. congestion,) as proved by fine crepitation and incomplete dullness; and that you should not bleed after it has become completely consolidated, as to admit no air into the finer bronchi, a state declared by the sound of coarse crepitation and complete dullness. Such a rule is quite useless at the bed side, and will often prevent you employing active practice in cases where it is urgently called for.

"In the first place, in the majority of cases fine crepitation is marked by the mixture of coarse crepitation, produced by catarrhal mucous in the larger bronchi, especially in the catarrhal pneumonitis of the young. If you wait until you can distinctly hear fine crackels, you will wait too long. * * *

"Your best guide to the necessity will be the dyspnœa. If your patient is inhaling from twenty to thirty times a minute, straining convulsively the muscles of inspiration, you may know that congestion is recent, and is spreading to new spots; and you will act wisely by endeavoring to stop it. And your best check against excess will be the balance of the heart and arteries."*

When general depletion cannot be used at this stage of the disease, local depletion may be employed. Cupping is commonly better than leeching. When the disease is complicated with pleuritis, it is very beneficial in removing the pain in the affected side, but is quite inferior to blistering. At this period of the disorder mercury is a remedy of great power. Indeed, I would not attempt to treat a grave case of pneumonitis without it. Several years ago when veratrum viride was at the zenith of its glory, I did treat a few cases without mercury, but I soon found in pleuro-pneumonitis that the disease was more protracted, the effusion in the chest greater, and the damage to the lung more serious; hence I have a very poor opinion of its remedial powers in this complaint, and seldem ever prescribe it in any form of of chest disease, depending upon inflammatory action. In some forms of organic disorder of the heart, where an efficient arterial sedative is indicated, it is often very useful. But in pneumonitis we not only need a sedative but a defibrinator, and in the latter particular mercury has no rival. I believe that the great majority of the patients who die with this disease, do not succumb so much from the consolidation of the pulmonary tissues, as they do from the excess of fibrin in the blood. This state of the blood often leads to the formation of heart-clot, which frequently occurs when the disease is passing through the stage of resolution, and speedily destroys the patient's life. I have frequently seen this demonstrated by post-mortem, and I have generally found, on careful inquiry, that these cases had been treated mostly without mercury.

During the third stage little medical treatment is necessary. If the patient is feeble or old, tonics and stimulants are often demanded. Where we suspect a malarial complication quinia should be freely administered throughout the whole course of the disease; in large doses of eight or ten grains, it is an excellent sedative as well as tonic. When the process of resolution is tardy, a succession of small blisters should be applied to the affected side, and iodine and mercury administered according to the following formula:

| | | |
|---|---|---|
| ℞. | Potassii iodidi, | ʒij. |
| | Hydrarg. bichloridi | gr. j. |
| | Vin. colchici sem. | fʒss. |
| | Tinct. cinchonæ comp., | fʒiijss. ℿ |

Sig.—A teaspoonful every six hours.

* Chambers' Lectures on the Renewal of Life, p. 255.

## Communications.

### FATAL CASE OF CARBUNCLE.

By M. ROSENWASSER, M. D.,
Of Cleveland, Ohio.

Read before the "Cleveland Academy of Medicine."

As the fatal termination of this disease is not of every day occurrence, and as this special case was considerably commented on at the time, I have resolved to report it in full for discussion before the Society.

M. B——, æt. 38, formerly in the hide and pelt business, but recently a milk peddler, of moderate muscular development, weighing about 130 pounds, called at my office, June 15, 1868. I found on the back of his neck, somewhat to the right of the median line, a tumor extending 2½ inches to the posterior border of the sterno-mastoid muscle, and from a level of the mastoid process and occipital protruberance 1½ inches downward. The tumor was hard, the skin over the same red, raised in shape of a cone of which the top was ulcerated and pierced by several holes, whose bases looked yellow; it was immovable upon the parts below. The tumor began to become uncomfortable on the 12th inst. Patient had some headache and chills, says he "can bear it no longer;" pulse somewhat accelerated. The diagnosis was very patent—we had a carbuncle to deal with.

The hardness, tension and severe pain of the tumor, its short duration, besides the nervousness of the patient from sleepless nights, induced me to consider this an appropriate case for immediate surgical interference. My proposition to make the usual crucial incision was acceded to by the patient; the hair was therefore shaved from the surrounding skin and the incisions made beyond the infiltrated parts; but little blood was lost, and to prevent the wounds from agglomerating, some arranged lint was inserted.

June 19. Hitherto there has been no change for the better, though linseed-meal poultices had been constantly applied to the tumor, and cold to the healthy parts beyond. Tumor somewhat increased in size; necrotic spots visible, but not loose enough for extraction; quite a number of additional perforations in the skin. Wounds washed with Sol. creosot. ʒi: Aq. ʒxij; pain not allayed by ¼ gr. dos. morphia.

June 20. Infiltration reaches an inch above the occipital protuberance; spots still adherent to surrounding tissue Patient had recurrence of chills, suffers much from stiffness caused by tension of the tumor. Order wine, give gentle purgative and continued external treatment.

June 21. Infiltration still enormous; find gangrene to extend beneath the fascia of the neck; make some incisions into it, and remove some mortified parts around the edge of wound. Give tinct. cinchon. et ferr. ter die; cold to the top of the head continued.

June 22—2 P. M. In consultation with Dr. William Meyer, former family physician. Pulse 114 per minute, weak; edge of wound in width of an inch all around gangrenous; no demarcation. Agreed to use *yeast poultices* and ℞ decoct. cort. chin. reg. ʒi:ʒvi, acid. sulph. aromat. ʒii. Patient suffers severe headache, against which ℞ morph. sulph. gr.ii:ʒi—S. 25 drops pro dosi.

June 23—9 A. M. Dr. M—— with me; yesterday's gangrenous part marked off by a bluish red line, which we considered as line of demarcation (but this it did not prove to be). Patient had not slept, though signs of morph. intoxication evident; bowels loose; pulse 108. Continue treatment, adding aromatic poultices of chamomile and cloves.

5 P. M. Wound same as A. M.; pulse 90; eyeballs protrude from sockets; prognosis very dubious.

June 24—4 A. M. Called on account of œdema of eyelids and face; eyeballs still protruding; pulse 78; frequent hiccough; still no distinct demarcation. For hiccough ℞ Sod. bicarb., which stopped it. In my own mind I gave up the case from suspicion of affection of the contiguous meningeal membranes, though symptoms were not marked enough to pronounce such to be the fact.

1 P. M. With Dr. M——, pulse 78; had taken some food; demarcation begins to show itself; œdema about the same; severe pain in the forehead and eyes; upon the whole, symptoms slightly more favorable than this A. M.; continue external treatment, and for œdema the following linament: ℞ ol. menth. pip., ol. carophyll. aa ʒi, ol. oliv., glycerin aa ʒi. Internally decoct. cinchon. and tinct. valerian; nourishing diet: beef tea, beer soup, white of eggs.

7 P. M. Patient in delirium, pulse 90; constantly desirous of getting out of bed; must be held in the same.

June 25—9 A. M., with Dr. M——. Pulse 108; still delirious; sloughs getting looser, easily made to bleed beneath, showing that granulations were springing up; œdema of face continues. Treatment of yesterday continued.

7 P. M. Pulse 120; tongue quite paralyzed, use of it impossible. At 10½ P. M. patient dying; pulse thread-like, weak, 180; respirations 40; extremities growing cold, covered with clammy sweat; jaws set; introduce teaspoonful of wine, which is not swallowed. At 11½ P. M. respiration stertorous; extremities cold; sensation still acute.

June 26. 7 A. M. Patient had become comatose, senseless, and has just expired quietly, without spasms.

An autopsy could not be obtained. It would have been of interest to convince ourselves of the proximate cause of death; though we were both at that time of the opinion that the patient died of *inanition*, yet upon a second thought, I entertain strong doubts of its assumption. The œdema of the face, the protrusion of the eyeballs (caused either by serous transudation or purulent deposit), the severe and constant headache, the excruciating pain in the forehead and eyes, the repeated chills, the sudden fall of the pulse on the 23d, from 108, A. M., to 90, P. M., and its stationary condition at 78 from the following morning until the approach of death, the constant delirium for the two days preceding dissolution, and the comatose *finale*—all tend to point out the presence of some lesion at the basis of the brain, or what seems still more probable, the presence of one of the many dubious forms of *pyœmia* with an abscess at the base of the cranium or in the orbital cavity. The presence of some, though not a ravenous, appetite from the time demarcation became evident, the want of a high degree of emaciation as is usual in persons who die of exhaustion, the appearance of *granulations* only one day before his end, and the short duration of the disease in question—these facts seem to plead against inanition as the cause of death, while they do not conflict with pyœmia as such.

As regards the treatment, I will but mention the reproach made by non-professional individuals that I had "cut too early." This course is justified by the greatest surgical authorities; crucial incisions are advocated only *in the incipient stages of carbuncle* to prevent the spreading of the disease and to allay the pain. It is true, this object was not affected, but still it does not prove that the patient died in consequence. This case only confirms what the eminent English Surgeon, James Paget, says in a recent clinical lecture on the treatment of carbuncle:* "Carbuncles will spread, after cutting, in as large a proportion of cases as they will spread in without cutting..... if they can be divided in the first three or four days, while still hard and brawny, it may relieve some measure of the suffering; at a later period the incisions have no influence at all..... and even cut

* In the Medical News and Library for March, 1869.

as you may, you cannot always put aside the extreme pain that a carbuncle sometimes has, even to its later time."

The application of emollients to the wound, and of cold to the adjacent healthy parts, was in accordance with the treatment of a case prior to this—a perfect counterpart—which I cauterized with Vienna paste because the patient would not consent to have it cut, and in which this poultice procedure was followed by marked abatement of inflammatory action in the surrounding tissues; this patient made a fine recovery.

Whether the patient would have recovered if any expectant treatment had been pursued, or whether cauterization would have been preferable to incision cannot be decided; certain it is that I shall in future be very reluctant in advocating incisions in carbuncles, even though they be harmless, so long as they are productive of no good.

## PRELIMINARY REMARKS ON THE PHYSIOLOGY OF THE NERVOUS SYSTEM.

By C. B. HASKELL, M. D.,
Of Rockport, Mass.

Experimental Physiologists have been much exercised, of late, in reference to the conflicting results of ablation of the cerebellum, as practised by FLOURENS, and, more recently, by DALTON and other vivisectors. FLOURENS removed a large portion of the Cerebellum, and certain disturbances of motion followed, from which the conclusion was drawn, that that organ was for co-ordinating and combining the muscles in the various movements of the body. This doctrine held almost undisputed sway, until within a few years, when the excisions were repeated by DALTON, and although the same results followed at first, the animals that survived the injuries some weeks, had the function restored without renewal of the organ. In view of these facts, Dr. HAMMOND considers all theories of the office of the Cerebellum unsatisfactory. Dr. S. WEIR MITCHELL, though he has bored the Cerebellum with an awl, sliced it, frozen it, mercurialized it, blistered it, etc., is not prepared to say what it does, or what it does not. And DALTON himself, while he believes "it is a good thing to have our opinions overhauled from time to time, and subjected anew to the bar of criticism," holds that "the theory of FLOURENS still remains the debatable ground on which the discussions of the cerebellar functions must mainly be carried on."

It seems to me that the conclusions to be drawn from these contradictions are not limited to the facts immediately surrounding, but extend beyond, and reach the method of investigation itself. In other words, when experimental Physiology, postulating, as it does, special endowments of the nerves, and special purposes in the formation of the nervous centres, and aiming, by vivisections, to discover them, finds the function predicated of an organ both destroyed and preserved when the organ is destroyed, it comes to a dead lock. If, when two-thirds of the Cerebellum is sliced away, and the co-ordinating function *is* destroyed, it proves that that function belongs to it—it equally proves that, if two-thirds are sliced away, and the function is *not* destroyed, the function does not belong to it. And it is human nature to inquire what is the value of a process that leads to such results.

Were this the only instance in which Experimental Physiology contradicted itself, there might be a degree of plausibility in the attempts of HAMMOND and DALTON to refer to shock or vertigo the effects witnessed. These words have been employed before to explain the seeming inconsistencies of experiments, and, though the length of time required for the animals to continue in the states expressed by them was greater than we are accustomed to witness, still the explanation is better than nothing.

It is now nearly half a century since we have been made to believe, on the strength of experiments performed by MAGENDIE and BELL, that one set of nerves were possessed of a motor endowment, and another set of nerves were possessed of a sensitive endowment, or property, inherent and fixed. No dogma in Physiology has been considered more firmly established than this. It has been held as the great discovery of the age. Every Professor, and every text-book, has been the medium, at once, of imparting this wonderful discovery to the pupil, and instilling into his mind the proper sentiments of respect and admiration for its renowned discoverer. Nay, so specific and distinct have been these properties, that drugs have been found which could effect one set, and not the other, and *vice versa*. Yet recently we have had the most distinguished Experimentalist of the present day, Mr. BROWN SEQUARD, announcing that "the same nerve fibre may serve to sensation, or to motion, when transplanted from one nerve to another," and explicitly denying, in contravention of his previous teaching, the "peculiar and specific properties" of nerves, and this, too, on the strength of experiments performed by Messrs. VULPIAN and PHILIPEAUX.

Thus we have two great theories overthrown by the same means by which they were supposed to be established, and that, after dominating nearly half a century. The one respecting the function of an important nervous centre, the other respecting the function of a class of nerves the most generally distributed of any in the body. The only legitimate inference from these contradictions is, that the method of inquiry that developed them, viz.: experimental physiology, is a failure. It may be less humiliating to the pride of opinion to discourse about such words as "shock and vertigo," than to frankly acknowledge

the error of a life-long pursuit. And it may serve to smooth the passage from antecedent teachings to the teaching that is about to be; to interpolate a tubulation of "*functionally* distinct nerve fibres." For we thus descend from vital endowments, through *quasi* specific properties, to the plain physical properties which are all that really inhere in the nerve, and are spared the shock to our prejudices, which results from a too sudden transition. In this respect it is not hazardous to say that the history of Physiology will always repeat itself. Let any specific office whatever be predicated of any nervous centre—let any specific property be predicated of any nerve fibre, and, sooner or later, there will be instituted a class of experiments that will nullify it. For the simple reason that the nervous system was constructed on no such plan. The crossed sensation in the spinal cord of Brown-Sequard, there is reason to believe, awaits the fate of the co-ordinating power of the Cerebellum. Here, as heretofore, and elsewhere, experiment will continue to contradict experiment, until the conclusion is reached, that Physiology refuses to be positively constructed; that her problems admit of a solution in no material, or semi-material menstruum; in fine, that there is a power behind the nerve greater than the nerve, and a power behind the Cerebellum greater than that organ.

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## REPORT OF A CASE OF URINARY FISTULA, PRODUCED TRAUMATICALLY, AND CURED BY THE "LANCETTED STILETTE."

By Geo. B. Fundenberg,
Of Cumberland, Md.

Read before the Medical Society of Allegheny County.

I have the honor to report a case of "Urinary Fistula," caused by the falling of the roof of a coal bank upon the hips of a young man aged twenty-one years. The accident happened on the 7th of February, 1868. The patient came under the care of my friend, Dr. Carr, of Grantsville, who found the bladder filled with a coagulum of blood, with total retention of urine, and the young man in a most critical condition. The bladder was washed out, and the daily use of the catheter became necessary for two months. The instrument, however, was introduced with increasing difficulty, on account of a tumor which was forming in the perineum, arising apparently in the prostatic region, and which proved to be an abcess, which opened spontaneously, and left several urinary fistulas through which the urine constantly dribbled.

From this time until the patient presented himself to me, which was one year from the date of the accident, he suffered severely. There were three fistulous openings in the perineum, which were discharging urine in turns, one, an inch in front of the anus, and one on each side of this, towards the tuber ischii.

The patient stated that his bladder was always full, but at times the distension and consequent straining was excessively severe, and he bore in his countenance the expression of protracted suffering. There was constant stillicidium of urine; only an occasional drop had passed by the urethra since the formation of the fistulas; and he was from time to time seized with severe chills, accompanied with vomiting and febrile reaction, and altogether was in a most deplorable condition, which if not relieved, could only end in complete disorganization of the bladder, &c.

When I first began to treat this patient, I had hopes that a bougie could be made to pass per *vias naturales*, but after most patient trials with instruments of all kinds, even down to the finest French filiform bougies, I came to the conclusion that *no* instrument could be passed. Several of my medical friends, who, by my request, made some efforts, met with no better success. Professor Syme, of Edinburgh, lays it down as an *axiom*, that when urine passes, an instrument properly manipulated will also pass, and Liston takes the same ground; but the experience of many modern surgeons has proven that this sweeping assertion cannot be sustained, as there are quite a number of cases, especially traumatic ones, in which the best skill has failed.

The very important question now arose—what method will give this young man the best chance? Without an operation he cannot live, with one he may die. Syme's perineal section, which is undoubtedly *the* operation, when a sound can be introduced as a guide, in this case would be certainly extremely hazardous.

For although it is easy enough to cut through a stricture deep in the perineum, when you have the groove of a sound to cut into and follow, it becomes quite a different operation when your sound is introduced only to the beginning of the stricture, and you are required to cut beyond it, and open a new urethra through parts distorted and altered in their anatomical relations by sloughing and cicatrization.

Such an operation is confessedly a dangerous one, and extremely unsuccessful in its results. No other means hen remained except to endeavor to follow the natural channel by a catheter with a cutting instrument concealed within it, and thus open a passage as nearly as possible in the natural tract of the urethra. In this case, in which a dense cicatricial tissue existed, the risk of urinous infiltration was very much lessened, and if the intrument could be made to enter within the circle of the sphincter of the bladder, no incontinence of urine would be left. If, however, incontinence should ensue, the patient although relieved from present danger would yet be in a most undesirable condition. I therefore could come to no other conclusion, than that the cautious use of the lancetted stilette would afford the

best results. I accordingly had the instrument which I have shown you, manufactured for me to order by W. F. Ford, of New York, which as you will observe consists of a catheter shaped canula open at both ends, into which this stilette with a bulb at its extremity is passed, thus converting the canula practically into a closed catheter with a rounded extremity. Here I show you the lancetted stilette, which when protruded cuts a passage of the diameter of the canula, and is governed by a screw, so that it cannot be pushed farther beyond the end of the canula than the operator desires.

On the 6th of March, 1869, assisted by my son, Dr. S. H. Fundenberg, having previously directed the patient to avoid his usual straining as much as possible, and thus permit the bladder to become distended, I introduced the canula with the bulb stilette into the urethra, up to the commencement of the stricture, which was beyond the bulb of the urethra; then with a finger in the rectum I guided the instrument so that it pointed as nearly as possible in the proper direction, and then holding the instrument immovable, I withdrew the bulbous stilette and introduced the lancetted stilette, the screw being so adjusted as to permit its point to protrude only half an inch beyond the end of the canula, and pushed it up to the screw. Then withdrawing the stilette I introduced the bulb and pushed the canula into the cut. In this way I expected to *feel* my way into the bladder, for the lancet only protruding half an inch, could not depart far from the curve of the canula. I now made a second cut and pushed the canula onwards, but after making the third cut, I found I could not pass the canula through this dense portion of the prostate, and therefore protruded the lancet half an inch more and pushed it onwards. I now withdrew the stilette and without difficulty introduced through the canula a No. 1 gum catheter, with which I evacuated the contents of the bladder, with immense relief to the poor fellow, who placing his hands on his hypogastric region remarked that he felt empty for the first time since his injury.

This operation was performed at 2 o'clock of the 6th, and the catheter was left in the urethra until the morning of the 8th, when a No. 2 was introduced without difficulty. On the next day a No. 3 was introduced; on the 14th a No. 5; on the 16th a No. 6; on the 23d a No. 7; and on the 26th a No. 9, and in a few days after this he left town for home.

In using these catheters, the patient was instructed to wear them in the urethra during the night, thus obtaining the utmost advantage from their dilating powers, and promoting the melting away of the walls of the passage.

I received a letter from him a few days ago, in which he states that he uses a No. 9 catheter twice a a day with the utmost facility—that he has not the slightest incontinence of urine, and can empty his bladder of one fourth of its contents by a voluntary effort, that his health is restored and that he feels as well as ever.

I have no doubt but that he will fully regain the power of expulsion. After such long continued and extreme distension, the bladder does not recover its contractile powers, except gradually and slowly.

I omitted to state that after the operation, not a drop of urine passed by the fistulas, and that when he left they had completely closed, and the indurations around them had entirely disappeared.

## Medical Societies.

### IOWA STATE MEDICAL SOCIETY.

The Iowa State Medical Society convened in the city of Des Moines, Wednesday, May 16th. The President, Dr. Philip Harvey, of Burlington, in the chair.

The minutes of the last meeting were read and approved.

The annual address was delivered by the President. Its subject was "Climatology, especially with reference to Southern Iowa." We make the following extract from it on the climate of Southern Iowa:

This region, in its eastern portion, has a mean yearly temperature of 50 degrees, the scale of Fahrenheit being the one always referred to in my remarks. The different seasons have the average of 49 degrees for the spring, 73 degrees for the summer, 53 degrees for the autumn, and 25 degrees for the winter. The extreme range is from 25 degrees below zero to 105 above; these extremes may be passed, though very rarely; indeed, they are only reached in seasons of unusual severity. The months of April and October have nearly the same mean temperature, which corresponds with that of the year. The mean heat of our warmest month, July, is near 80 degrees, almost as warm as it is at Vera Cruz, in latitude 19, while that of the coldest month, January, is about 22 degrees, nearly the same as that of North Cape, in Europe, a point far within the Arctic Circle. These facts may seem incredible to some; they are, nevertheless, based on good authority.

To show at a glance on the map the comparative mean temperature of different localities. Humboldt devised the ingenious plan of drawing what he called isothermal lines, or lines passing through those points on the earth's surface at which the annual temperature is the same. Our mean temperature for the year I have stated is about 50 degrees. It will be interesting, probably, and illustrative of the laws of climate, to trace the isothermal line of 50 degrees in its course around the Northern hemisphere. This line, by some geographers is laid down on the charts as marking the most favored zone of temperature; the one best adapted to man's moral and physi-

cal well being, and to the production of those plants and animals on which his well being depends. Crossing the Pacific Ocean, it strikes the western shore of our continent north of Vancouver's Island, near the 50th parallel. It then bends strongly towards the south up to the western slope of the mountains till it reaches Sante Fe, making a bound of over 13 degrees of latitude, chiefly caused, however, by the altitude of that locality, which is nearly 7000 feet above the sea level. Descending the Rocky Mountains, it turns almost directly north till it has descended to the western plains, about our own line of latitude, which it then follows, with but slight deviations to the Atlantic. Crossing that ocean it again rises to the north of the 50th parallel, at Ireland. Traversing that island it follows west by south course and falls to our latitude again in its way through the Chinese Empire, from whence it again climbs to the north of fifty in its transit over the Pacific. Intending merely to convey a general idea. I have omitted to mention the smaller variations that occur on this line of equal yearly warmth. It shows that the contiguity of the oceans raises the temperature on the western sides of the old and new continents more than ten degrees of latitude on the eastern sides, taking the year round. In the opposite seasons the difference is still more marked; for while we experience here, in Southern Iowa, the summers of Spain and Southern California, we have the winter temperature of Alaska and Scandinavia, lying north of the 60th parallel.

It is a continental feature for the summer and winter extremes of temperature to be protracted to the end of each season; the west sides of continents in the temperate zones being warmer in the Spring, while the east are so in the Fall. Compared with the western side of our continent, we have in Southern Iowa the winter of Alaska, the spring of Vancouver's Island, the autumn of Southern Oregon, and the summer of Southern California; all of our seasons, however, being subject to more sudden changes than occur in any of those localities—the mean temperature being what is referred to. The Atlantic States are to some extent subject to the influences of a marine atmosphere, consequently their extremes are somewhat less than ours. In summer there is a remarkable uniformity of warmth extending from the Gulf of Mexico to Central Iowa, across more than twelve degrees of latitude.

We will now turn our attention to the circumstances connected with the precipitation of atmospheric moisture in the region under consideration. On the southeastern border of our State the amount of precipitation in rain and snow for the year is perhaps a little less than the average falling near the borders of the Atlantic, in the same latitude; it amounts to about forty inches. In going west this amount decreases; about half way between the Mississippi and Missouri rivers it declines to thirty-five inches; near that stream it is only thirty; after passing Fort Kearney it gets down to fifteen inches an amount below the requirements of fertility and the country becomes in consequence almost a desert. For the different seasons the amount of precipitation in Southern Iowa is about as follows: In the Spring from 12 declining to 10 inches as we go west, in the Summer from 14 to 12, in the Fall from 9 to 6, and in the Winter from 5 inches to 2. The Eastern States have more rain and snow in the winter season than we have, and sleigh riding is a more common occurrence there than here.

Dr. Carpenter, chairman on Necrology, offered the following, which was received and unanimously adopted:

Whereas, This Society has heard with deep sorrow of the death of Dr. Edward Whinnery, of Fort Madison, late Vice President of this Society, and for many years one of the most zealous workers in the cause of science and in the diffusion of moral influences among its members; therefore,

*Resolved*, That in his sudden calling off we recognize the omnipotence of the Divine Will of Him who giveth and taketh away, and may we emulate the example of our late worthy Vice President.

*Resolved*, That in the death of Dr. Whinnery this Society deeply feels the loss of one whose pleasure it was to labor for its growth and usefulness.

The committee on nominations for Officers for the ensuing year offered the following report:

President—Dr. S. B. Thrall, of Ottumwa; Vice-President—Dr. N. Steele, of Fairfield; Secretary—Dr. A. G. Field, of Des Moines; Treasurer—H. L. Whitman, Des Moines; Corresponding Secretary—Dr. E. H. Hazen, of Davenport. For Censors—Drs. J. Williamson, of Ottumwa; M. A. Dashielle, of Hartford; Wm. Watson, Dubuque; James Gamble, Le Claire; George F. Jenkins, Sandusky; and David Beach, Des Moines. For Trustees—First District—Dr. A. M. Carpenter, Keokuk; Second District—Dr. W. F. Peck, of Davenport; Third District—Dr. J. C. Lay, of Dubuque; Fourth District—Dr. Wm. Voght, of Iowa City; Fifth District—Dr. C. H. Rawson, of Des Moines; Sixth District—Dr. N. S. Smith, of Belle Plaine.

On motion, the Society adjourned to meet on the third Wednesday of February, 1870, in the city of Des Moines. A. G. Field, *Sec'y.*

## MEDICAL SOCIETY OF WEST VIRGINIA.

PROCEEDINGS OF THE SECOND ANNUAL MEETING.

Clarksburg, June 2d, 1869.

The Medical Society of the State of West Virginia met in the Southern Methodist Church, at 3 P. M.

The President, Dr. H. W. Brock, of Morgantown, occupied the chair.

The Secretary, Dr. A. H. Thayer, of Grafton, was present.

The session was opened with prayer by the Rev. Mr. Way, of Clarksburg.

Dr. J. W. Ramsay, of Clarksburg, chairman of the Committee of Arrangements, welcomed the members in an address.

Dr. A. S. Todd, of Wheeling, chairman of the Committee on Medical Botany, read a lengthy and instructive report, which, on motion of Dr. Bowcock, was referred to the Publication Committee, with instructions that it be printed with the transactions.

Dr. Sharp's report on new Remedies, was read by Dr. Thayer, Secretary, which, on motion, was ordered to be filed. Dr. Safford, of Parkersburg, spoke at length on the therapeutic uses of Bromide of Ammonum, and especially as to its efficacy in the treatment of acute rheumatism. On motion of Dr. Hupp, the interesting and satisfactory report of Dr. Hildreth, on climatology and epidemics was read, which, on motion of Dr. Ramsay, was ordered to be published with the proceedings.

Dr. Brock, (Dr. Campbell in the chair,) read his report on the expediency of petitioning the Legislature to enact a law for the compulsory registration of births, deaths and marriages.

Dr. Hupp remarked that the *report* did not include compulsory vaccination, as was required by the resolution creating the Committee.

The report was received on motion.

The Society then proceeded to the election of officers for the ensuing year, and the balloting resulted in the choice of the following gentlemen:

*President*—J. W. Ramsay, Clarksburg.

*Vice Presidents*—E. A. Hildreth, Wheeling; J. M. Cooper, Wellsburg; Elias S. Bronson, Buckhannon.

*Secretary*—James M. Lazzell, Fairmont.

*Treasurer*—John C. Hupp, Wheeling.

*Censors*—H. W. Brock, chairman; I. K. Berkabile, M. Campbell, J. H. Legge, G. Baird, B. W. Allen, W. J. Bates.

Dr. Hildreth introduced resolutions creating a committee, (Messrs. Lazzell, Safford and Thayer), to invite the *regular* practitioners of the State to co-operate with the Society in the advancement of Medical Science. Adopted.

Dr. Todd presented a resolution, creating three districts in the State, and in each a committee to report on Medical Botany. Adopted.

On motion of Dr. Todd, the Society adjourned to meet at Parkersburg, 2 P. M., on the first Wednesday of June, 1870.

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## MEDICAL SOCIETY OF HARFORD COUNTY, MARYLAND.

The regular quarterly meeting of this society was held in Bel Air, on Tuesday, May 10th, Dr. S. B. SILVER, the newly elected President, occupied the chair.

Quite a respectable number of members was present.

Dr. Virdin was appointed Secretary pro tempore.

The minutes of the preceding meeting were read and adopted.

Dr. W. Stump Forwood having removed to the city of Philadelphia, and being unavoidably absent, tendered his resignation of the office of Secretary, by letter, in which he feelingly expressed his sorrow at parting with the members, and severing his connections with an association he had taken so much interest in.

The resignation was accepted.

Dr. Virdin then offered the following resolutions:

WHEREAS, The Medical Society of Harford County having received an official notice of the resignation of Dr. W. S. Forwood, its first and respected Secretary, it is, therefore, deemed eminently just, and no less a pleasant duty, that an expression of the sentiments entertained toward our distinguished and honored brother be adopted

*Resolved*, That it is with feelings of sincere sorrow, both professional and personal, that we learn the determination of ou brother, Dr. Forwood, to separate himself from our vicinity, and from active membership with our associated body.

*Resolved*, That in having to part with Dr. Forwood, we lose the wise counsel, and the kindly presence of him, who was at once the suggestor, founder, organizer, and most useful and zealous member of our association, not only the foster-father of our local brotherhood, but in every respect an honor to our whole profession; a physician of thorough scholarship in medicine, and large practical knowledge of the healing art, and also an honorable, corteous, and high-minded gentleman, whom we are all, and each of us proud to call our friend.

*Resolved*, That our sorrow at this separation is cheered by the earnest and reasonable hope that the new field of labor which our brother has been called upon to enter, may be, for many, many years, the scene where he shal win a wider and still widening circle of friends, as warm as those who now sorrow at his separation from them, and a theatre where he may bestow the blessings of his science and skill upon a greater number of his suffering fellow creatures, and earn for himself the just and merciful distinction of a life devoted steadfastly to assuaging, by all the light and knowledge attainable, the manifold diseases of our mortal human state.

*Resolved*, That a copy of the resolutions be forwarded to Dr. Forwood, published in the county papers, MEDICAL AND SURGICAL REPORTER, and that a page of our proceedings be set apart to insert them.

Before a vote was taken upon the resolutions, the President arose and said: Gentlemen of the Medical Society, I heartily endorse the resolutions just read, deeply lamenting the withdrawal of our brother from among us, both as a physician and as the efficient Secretary of our society, and cannot allow the occasion to pass without a few words of personal tribute. That he leaves behind him an enduring appreciation of his worth as a physician and a scholar, deep in research, profound in judgment, skillful in practice, and professional in bearing, is but to feebly express the sentiments of each and all of us. We highly esteem his efforts toward the advancement of the medical profession, both in this Society and in our National Association, and trust his removal will not lessen his earnest devotion and zeal toward the medical profession.

Dr. Geo. Thos. Hays said: Having heard the reso-

lutions read, I would be recreant to every feeling of my heart and to friendship, were I to allow them to pass without my hearty, earnest and entire approval. I endorse and approve every sentiment of good feeling, fellowship and approval they express for our late able, energetic and efficient Secretary, Dr. W. Stump Forwood, and when I say my best wishes go with him for success in his new and chosen field of labor and skill, I well know I but illy express the warm wishes of our Society for which he has done so much. We will ever feel an earnest wish for his welfare, well knowing he more than deserves it, and we will always be pleased to have any suggestions he may be pleased to present to our Society, and hope frequently to have them.

Drs. Lee, Finney, Evans and others, made some very appropriate and feeling remarks with regard to our loss in the removal of the Doctor from our county.

The resolutions were then unanimously adopted. The application of Dr. Silas Scarboro for membership was ballotted upon and he was declared duly elected.

The committee on the memoir of Dr. John K. Sappington was continued, with the addition of Dr. Finney. The amendment to the Constitution offered at the previous meeting was rejected, and the following amendments to the Constitution were proposed by Dr. Silver, and laid over under the rules :

Art. VIII. The meetings of the Society shall be held on the first Tuesday after the second Monday in May and November, at the hour of 11 o'clock, A. M. Special meetings may be held, subject to the order of the President.

Art. XII. Sec. 14. Election of officers and dele gates at the May meetings.

Dr. W. W. Hopkins read a letter from Dr. E. R. Brownell, of East Hartford, Conn., giving some interesting facts connected with his experience on the subjects of discussion at our last meeting, "Binder and ligation of the Funis," which, on motion of Dr. Hopkins, was entered on the minutes.

Dr. W. W. Hopkins, the lecturer for the day, next delivered an interesting lecture on the subject of Puerperal Convulsions, which elicited remarks from Drs. Evans, Finney and Lee.

Dr. Verdin moved, and the motion was carried, that Dr. Hopkins be tendered the thanks of the society for his able and instructive essay; and a further motion was made by Dr. Lee, and seconded by Dr. Finney, that Dr. Hopkins' lecture be published in one of the medical Journals.

The discussion on the subject of the lecture not being concluded, and in consequence of the lateness of the hour, Dr. Verdin moved, and the motion was adopted, that the discussion be continued at the next meeting.

On motion of Dr. Lee, Sciatica was added as a subject of discussion, also, at the next meeting. Quite an interesting case of the disease was introduced to the notice of the Society by Dr. Lee, who said, that in presenting the patient to the members, it was with the hope that some suggestions of treatment might be made that would be of benefit to him; besides he considered it the most intractable case of the kind that had ever come under his observation. The patient had been under treatment for a year past, and all remedies that had been resorted to by him, and suggested by the most eminent medical gentlemen of the State, have proved unsuccessful towards eradicating the disease. Large and repeated doses of opium have now become necessary to promote even a tolerable degree of comfort.

Dr. Evans said, in similar cases, he has found benefit from a two grain pill of turpentine, ter die, in connection with counter irritation.

Dr. Elliott suggested large doses of carb. of iron; Dr. Hays, the use of Hypodermic injections of morphia; Dr. Finney, the use of Prof. Gross' neuralgia pill. Valuable suggestions of treatment, based on experience, were also made by Drs. Bouldin, Silver and others. The latter mentioned a remarkable cure that came under his observation, from the use of the waters of the Healing Springs of Virginia.

An election for Secretary, to fill the unexpired term of Dr. Forwood was then held, which resulted in the unanimous choice of Dr. Virdin.

A motion was made to adjourn. The President arose and said that he would be pleased to have the next meeting of the Society held at his house. The invitation was unanimously accepted, and the Society then adjourned.

W. W. Virdin, M. D., *Secretary.*

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## MEDICAL SOCIETY OF LONDON.

APRIL 12TH, 1869.

Peter Marshall, Esq., President in the Chair.

Dr. Morrell Mackenzie read a paper on Syphilitic Diseases of the Throat, at the meeting of the Medical Society of London, April 12th, as reported in the *British Medical Journal.* The paper was divided into the two recognized divisions of Secondary and Tertiary Syphilis. In the first, Dr. Mackenzie considered ceythema, superficial ulceration or erosion, deep but non-spreading ulceration (a very rare manifestation of secondary syhilis), condylomata, and, as accidental and occasional sequelæ, elongation of the uvula, enlargement of the tonsils, and cauliflower excrescences and fibroid nodules in the larnyx. Of 42 consecutive cases examined at the Hospital for Diseases of the Throat, the pharynx was diseased in 23 cases, the larlynx in 16, and the pharynx and larynx in 3. Dr. Mackenzie considered that the tendency of all secondary congestions and erosions were to heal spontaneously. This healing was, however, considerably expedited. when the disease was manifested in the throat, by the ap-

plications of solutions of mineral astringents, especially of perchloride of iron—one drachm of the salt in an ounce of water, but not of nitrate of silver. For condylomata and mucous tubercle, tincture of iodine was most suitable. Dr. Mackenzie had not found secondary mucous tubercle, etc., in the larynx, whence once relieved, at all liable to recur, nor nearly so liable to recur in the larynx as in the anus. In the pharynx, they were very apt to degenerate into rather deep unindurated ulcers of greyish colour, differing from mere erosions, and from the deep sluggish ulceration of secondary syphilis. Dr. Mackenzie had never found mercury or any other constitutional remedies necessary in secondary affections of the throat. The erythematous eruption generally disappeared spontaneously, after a few weeks, if not sooner; if, however, it were at all obstinate, great benefit might result from warm stimulating inhalations, especially of kreasote and oil of woodpine. Fissures were best treated with solid nitrate of silver fused on to a slender rod of aluminium. Of the sequelæ, the fibroid nodules and cauliflower excrescences were very difficult to treat. An occasional sequela was paralysis of the muscles, especially of the adductors of the vocal cords; often unattended by any superficial hyperæmia. In *tertiary syphilis*, deep, rapid and extensive ulceration was the most common characteristic. Gummy tumours were frequently developed in the pharynx, and occasionally in the larynx; and the muscles and nerves might suffer either directly or indirectly. There were also found primary and secondary disease of the cartilages with secondary œdema; and, as a result, permanent narrowing of the air and food-passages. In tertiary as in secondary syphilis, the pharynx was more frequently affected. In 51 consecutive cases at the Hospital for Diseases of the Throat, the pharynx was affected 33 times, the larynx 15, and both parts only 3 times. The pharynx was attacked at an earlier period than the larynx. The ulcers may either occur without any evidence of previous morbid deposit, or they might be the result of the softening of gummy tumours. The pharyngeal ulcers were generally covered with a thick tenacious secretion, and had thickened perpendicular sharply cut edges. Dr. Mackenzie had under his care, in the London Hospital, a patient from whom the traverse portions of the body of the second and third cervical vertebræ had been extruded, with much hæmorrhage—it was believed from the vertebral artery. In the larynx, the arytenoid cartilages had been in several cases necrosed and expelled. The symptoms of these lesions were dysphagia, dyspnœa, and dysphonia. The dysphagia was of two kinds—1, a mechanical difficulty of obstruction; and, 2, pain without obstruction. The dyspnœa arose from chronic thickening, cicatricial narrowing, or chronic or acute œdema. The narrowing caused by cicatrisation of tertiary ulcerations often rendered tracheotomy necessary. The patient should be told that he must wear the tube permanently. Gummy tumours were generally found in the tongue and palate; in the pharynx, their most frequent site was the posterior wall; and in the larynx, the epiglottis, the arytenoid cartilages, and the ventricular bands. They were either absorbed, or softened and degenerated into ulcer with thick walls. The diseases of the muscles and nerves met with in the latter forms of constitutional syphilis, were due either to the destruction of tissue, or to the results of cicatrisation and subsequent absorption, or to the deposit and softening of gummy tumours in the muscles or around the nerves, or finally to interstitial myositis. Syphilitic perichondritis in the larynx was very rare. He had met with three cases only of pure perichondritis, originating primarily in the cartilage. Dr. Mackenzie exhibited several elaborated coloured drawings to demonstrate the differential diagnosis between syphilis, phthisis, and cancer in the larynx. The following were the principle distinctive features. 1. *General Character.*—*a.* In *Syphilis*, the ulceration is generally extensive, and may take place without much thickening: loss of tissues in its distinctive sign. *b. Phthisis*, a more or less uniform thickening is the principal characteristic; this thickening always precedes ulceration. *c.* In *Epithelial Cancer*, there is generally a very great amount of irregular thickening and displacement. 2. *Site. a Syphilis* most frequently, and first, attacks the epiglottis; and there are signs of former ulceration in the pharynx. *b. Phthisis* most frequently, and first, attacks the neighbourhood of the arytenoid cartilages, where it produces pyriform swelling; when it attacks the epigolottis, it generally produces thickening, and the subsequent ulceration is often of a worm-eaten character. *c. Epithelial Ulceration* generally attacks the posterior surface of the arytonoid cartilages and the corresponding wall of the pharynx. 3. The *Secretion* from the various ulcerations is distinctive. In Syphilis, it is thick, yellow and very tanacious. In phthisis, it is thinner and frothy. In cancer, the secretion is scanty, except in a very advanced stage. The previous history present constitutional condition, temperature, pulse, and state of the lungs, also greatly assist in forming an accurate opinion. The treatment of the ulceration of tertiary syphilis consisted in cleansing the ulcers with a dry, stiff, but soft camel's hair-brush, and then applying a very strong solution of nitrate of silver; or, better still, the solid nitrate fused on to aluminium rods. In protracted cases, a change of local treatment was often advisable. He frequently, in such cases, substituted copper for silver, as a local application. In addition, he administered iodide of potassium in ten-grain doses, in combination with ammonia, and largely diluted. He considered the local treatment in these cases of the very first importance; without it, in spite of the most able constitutional treatment, it was often impossible to arrest the disease.

# Editorial Department.

## Periscope.

### Uterine Fibroma.

The following case of dystocia by the mother's soft parts, is reported by Dr. Sager in the proceedings of the State Medical Society of Michigan, for 1869.

Called to visit Mrs. H., aged 38 years, in consultation with Drs. E. and D. Hall. She has been in labor for more than twenty-four hours. On examination, I found the os uteri high in the pelvis, and crowded against the upper margin of the pubis, by the presence of a tumor occupying the posterior lip, and the entire length and breadth of the posterior wall of the cervix. As nearly as could be estimated it was at least two inches in diameter, and very firm and elastic. The os uteri was pretty freely dilated, but the pains had ceased. By auscultation no fœtal heart sound could be detected. It was decided to make an effort to bring the head deeper into the cavity, to facilitate craniotomy, if, as seemed possible, it should be required. The forceps were applied without much difficulty and the head, with the os but slowly dilating, brought to the floor of the pelvis. I then determined to continue the traction in the hope that the resistance of the perineum upon the tumor would enable me to dilate the os sufficiently to effect delivery. This was, however, but partially successful; but by firm and steady traction the tumor in advance of the head passed out of the vulva, and then yielding to the distended force, a dead child was delivered. The perineum was somewhat lacerated, but not seriously. The mother recovered without a bad symptom. About six months afterwards the patient called upon me, looking very pale and anæmic. She stated she had been subject to repeated attacks of metrorrhagia, occurring often when at stool, in spurts and gushes. She also suffered much from pelvic pains, uterine tenesmus and difficult micturition. The tumor was now found greatly enlarged nearly filling the cavity, and resting on the floor of the pelvis, yet often protruding somewhat externally on making any tenesmic effort. She was informed that an operation would be required as the only effectual method of relief; but advised delay until by the further use of iron and quinine and liberal food she might be restored to a more favorable condition. Meanwhile an inflated gum elastic and ring pessary were employed to support the uterus, an office which, however, they very imperfectly performed. About two months later she called again, and the tumor now so nearly filled the cavity that the finger could with difficulty reach the anterior lip, which was stretched like a thin band over the tumor. The sound was passed about six inches into the cavity. After a full statement of the danger attending an operation for the removal of so large a tumor, she cheerfully consented to anything deemed necessary for relief. After a few days an operation for enucleation was performed with the assistance of Drs. E. Hall and Wm. Lewitt: the patient laying on the left side, and placed under the influence of chloroform, a museux hook was inserted near the end of the tumor, and by very moderate traction caused to emerge partially from the vulva; an incision was made through the thin walls of the cyst, and by the aid of the fingers, aided by the hook, it was detached, and removed in two or three minutes. A large discharge of serous fluid followed immediately, and after the lapse of ten minutes free hemorrhage took place from the evacuated cyst, necessitating the use of a sponge saturated with a diluted solution of ferr. per. sulph. The pulse became very feeble and frequent, and the sighing respiration, so characteristic of hemorrhage, disclosed the suffering of the constitution, and demanded the free use of brandy, laudanum and beef tea for two or three hours, when free reaction occurred, and the patient expressed herself as feeling very comfortable. The sponge tampon was withdrawn the next day and the coagula removed. No further hemorrhage occurred. On the third day the discharge had a distinct lochial odor, and was pale and moderate in quantity. Very slight tenderness over the hypogastrium, and no difficulty of micturition, and no pain. The pulse for the next three days remained about one hundred, moderately full and soft. Beef tea and toast, and a moderate use of brandy, constituted the treatment. On the evening of the third day she became a little restless, and the pulse rose in frequency; slight headache and hebetude of intellect supervened, which gradually passed into comatose insensibility, and on the following morning she expired. Much to my regret an autopsy was not permitted, as the cadaver was removed some miles distant a few hours after death. Was uræmia, or septicæmia or simply cerebral congestion the cause of the fatal termination? Frequent vaginal injections, first of simple water, and afterward of chlorinated solutions, were employed, and no putrid odor characterized the discharge. The urine was not tested, as no disease of the kidneys was suspected. The tumor was eliptical in form, six inches in length and four in transverse diameter, and weighed one pound and a quarter. It was a solid mass, having the well marked fibrous structure of uterine fibroma. T. Pridgin Teale reports a case of this disease, having the same rare location, but of smaller size, treated successfully by the same process.

### Circumcision in Syphilis.

Dr. James Thompson, Harrison, Ohio, late surgeon 4th U. S. Light Artillery, contributes the following article to the *Western Journal of Medicine:*

A large number of venereal cases came under my notice while connected with the army. And as many of the patients had chancres in the prepuce, it seemed to me, that by removing the local lesion a cure could be more speedily effected, more especially if this could be done early in the disease.

The first patient operated on had an indurated chancre almost entirely encircling the prepuce; his prepuce entirely covered the glans, giving his organ the appearance of a pig's snout; he also had gonorrhœa.

Operation.—He was placed on the edge of a low seat; his knees were widely abducted and firmly held by assistants; the prepuce was firmly grasped behind the chancre in front of the glans, with a gullet forceps, and given to an assistant; a long amputating knife was placed against the forceps, with the heel applied to prepuce, which was amputated by one sweep from heel to point of knife; one blade of a pair of scissors was then inserted beneath the mucous membrane, which was slit up and afterwards cut off in an anular direction parallel to the corona glandis; the dorsalis penis artery was ligated; two small branches twisted, and five sutures ntroduced for the purpose of holding the dermoid and mucous membrane together; cold water dressings were used until after suppuration was fairly established, then discontinued, and no medication whatever used. As soon as suppuration commenced, the discharge from the urethra ceased, and in six weeks from the date of operation, the patient was returned to duty cured, with a very elegant and serviceable organ.

In a period of less than one year from the above date, upwards of two hundred others were operated on in the same manner—some for chancres in the prepuce, others for chancres on the glans, some for gonorrhœa, gleet, &c. They all recovered in a period averaging about four weeks, excepting one, who was attacked on the sixth day after operation with erysipelas of an adynamic type, and died on the twelfth day from date of operation.

The question arises, why excise one's prepuce in cases of gonorrhœa and gleet? Permit me to state that most of the operations spoken of were performed upon colored men, seventy per cent. of whom have remarkably long foreskins, which almost invariably cover their glans. Several of the cases, however, occurred amongst the white men, one of whom presented himself to me with a gleet of nine months duration, which was rebellious to all medical treatment, local or constitutional. He was circumcised, and his gleet was arrested as if by magic.

Next came a captain of volunteers of the quarter master's department, a *church member*, who was looked upon as a "Paragon." He represented himself as having been poisoned with "some abominable poison vine while picking blackberries." I told him that he was poisoned, but that it was from the *animal* instead of from the *vegetable* kingdom. He had a villainous looking penis, the foreskin of which projected in front of the glans at least three-fourths of an inch, causing the organ to resemble the nozzle of a bellows, from which a nasty, muco-purulent matter was discharged. He consented to circumcision, after which he was no longer troubled from the effects of the "*abominable poison vine.*" He was quite elated with the altered shape and improved appearance of his member.

Several cases could I add, which I have had to treat during the last two years, in private practice, wherein circumcision has been successfully practiced in cases of gleet, after having failed to benefit said cases, with either local or constitutional medication, blistering, cauterization, injections, and so forth.

Two cases of spermatorrhœa have also been successfully treated within the last year, one of which was of ten years standing, and had been treated by a "homœopathist" for one year prior to his falling under my notice, without the least benefit whatever. He was treated by me for four months, with tonics of every description, quinine, iron, strychnine, electricity, &c.; with bromide potass., belladonna, camphor, opium, canabis indicus, &c., but in spite of all, he reported two or three nocturnal, and four or five diurnal emissions every twenty-four hours. He had a long prepuce, but would not be pursuaded to part with it until I informed him that every remedy short of circumcision had been tried, and as he was well convinced, with no benefit, and strongly urged upon him the security of the operation. After much pursuasion, I procured his consent, and operated about the 2nd of January, 1869. The first week after the operation, he had three noctural emissions, but perfect control of his member during the day. At this date, May 5th, he tells me he has not had over five emissions since the operation, and considers himself cured.

In accordance with the above facts, I am convinced that gleet and spermatorrhœa can be cured by circumcision alone; and that many cases of gonorrhœa and syphilis will yield to the same treatment. These facts have, I think, been tested in a sufficient number of instances.

It is further my opinion, that every person whose foreskin covers the glans, ought by all means to be circumcised; then would there be less liability of his contracting the various veneral diseases, or herpes preputialis.

Again: We should consider the effect which a nozzle ended penis has on the minds of some persons; some are ashamed to be seen bathing by their fellow man, or to be examined for the army or for life assurance, and no doubt, in many instances, to contract matrimonial alliances. In such cases, circumcision is one of the greatest boons that can be practiced on suffering humanity, and should be urged upon the people.

It is further my opinion, that in the diseases abov

mentioned, circumcision is beneficial in cases even where the patients have not a redundancy of tissue forming the prepuce.

Most practitioners have had to do with some very obstinate cases of gleet of very long standing, which has been rebellious to all medical treatment, local or constitutional. In my opinion, all such cases yield to circumcision. But, one may ask, how can a patient afford to lose a portion of his foreskin, when it is already well retracted and the glans entirely uncovered? My answer is, that I never have seen one who could not spare a small anular slice, in order to the cure of such a troublesome and rebellious disease.

Again: When we circumcise our patients, we secure for them that *rest* which all the advice in the world without the knife would fail to accomplish, and it is well known, that so long as a patient afflicted with the gleet keeps walking or riding about, a cure may be looked upon as out of the question.

In the performance of the operation, I would eschew "*knives* of *stone*," but would recommend a long knife, in order that the prepuce be taken off at one sweep, thereby avoiding a notched and uneven cicatrix. A firm sharp scissors, in order to make a clear incision through the mucous membrane, the pinching of which, with a slender or dull instrument, is very unpleasant and painful.

### Norwegian Felted Boxes.

In the *Journal of Applied Chemistry*, Professor Joy describes these useful inventions thus:

Another adaptation of well-known scientific principles is to be found in the use of Norwegian felted boxes for cooking food. There are few devices more simple or more valuable than this. From an economical point of view, such contrivances pay for themselves a thousand fold, and in a sanitary direction there is no estimating their value to the poor laborers, as well as to the rich consumers of half-cooked food.

It is curious how little these boxes are known, but thanks to the Paris Exhibition, this ignorance bids fair to be of short duration. The whole thing is so absurdly simple that that is probably one reason why so little attention has been paid to the subject. We will attempt a description of the apparatus. Take a box a foot square, line it with successive layers of felt, leaving a round space in the centre large enough to hold the kettle customarily used for cooking food. Have a thick cap to cover up the kettle after it is introduced, so that it is in the middle of the box surrounded by a thick layer of non-conducting material. When it is required to boil meat it is only necessary to heat the kettle for a few minutes up to the requisite temperature and then to put it into the snug place prepared for it. Here the cooking will go on by itself as long as may be desirable up to certain limits—and the meat will remain warm for five or six hours. By having a series of these boxes, the dinner can be prepared at no expense save the original cost of starting the fire. A little experience will enable the cook to determine the length of time to leave the kettles in the boxes. It is easy to be inferred that the same arrangement will serve to keep ice cream from melting, or substances from growing warm which have been previously cooled in ice. The value of the felted boxes from a sanitary point of view is to be found in the possibility of providing poor mechanics and laborers with warm food. By portable contrivances it will be easy to keep food warm for some hours, and the advantages to poor workmen cannot be over estimated. To the rich it also insures thoroughly cooked food, while even by them the economy will not be despised. At the Paris Exhibition of 1867 these felted boxes in the Norwegian department attracted a good deal of attention. They were shown in actual operation, and an opportunity was afforded of tasting food that had been kept in them for some hours.

Who will introduce them to the attention of American housekeepers?

### A False Tail.

There was lately brought to M. Gosselin, at the Hospital de la Charite, an infant five weeks old, bearing, at the end of the trunk, an appendix five *centimetres* long, a little thicker than a goose-quill, and slightly tapering at the free end. On examination, M. Gosselin found it to be soft, and apparently not a prolongation of the vertebral column. He therefore, in compliance with the desire of the parents, removed it by two semielliptical incisions at the base. A rather large artery required ligature; the edges of the wound were brought together with metallic sutures; and healing, M. Gosselin has been informed, took place rapidly. On examination, the appendix was found to consist externally of a thin cutaneous sheath without hair, and, internally, an abundant fibro-cellular tissue, containing fat only at its junction with the subcutaneous connective tissue. The case was like one of *mollus-cum pendulum*, having the peculiarities of being congenital, of being more elongated than usual, and of being in a situation where it might readily be mistaken for a tail.—*Brit. Med. Jour.*

—— A young lady in Maine poisoned herself last week, and the Coroner's jury found a verdict that she came to her death "by having taken a dose of arsenic for the purpose of beautifying her complexion."

Medical and Surgical Reporter.

PHILADELPHIA, JUNE 19, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., Eds.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

## MEDICAL EDUCATION ABROAD: ITALY.

We explained in our last article the plan adopted in France for the education of medical men. We shall now relate the system of Italy. This has been considerably modified of late years, and in fact, is more or less changed at nearly every session of Parliament. They do not seem able definitely to fix on a satisfactory programme. The reforms were not undertaken before inquiries into existing state of things in other countries were made, especially in France and Germany. An educational committee was then appointed, the proposed reforms based on the report of the latter were discussed in the House of Commons and Senate, and, as usual, sanctioned by the King to become law. They include the *leggi casati* and other acts promulgated up to October, 1866. The late Professor MATEUCCI, who was President of the committee, took a leading part in these matters. Each university is governed by a rector appointed by the King.

Some of the universities, especially in Northern Italy, stand higher than others, and the following course of study is generally followed at the Faculties of Medicine connected with the universities: The students are matriculated or admitted as auditors (*auditori*, from *audire* to hear.) The former have to produce the certificate given on leaving a lyceum (*l'attesto di licenzo da un liceo*,) and to pass an additional examination. (Law of October, 1860, amended September, 1862.) A commission of three members is appointed by the rector of the university for this purpose. The examination is in writing and *viva voce* on geometry, trigonometry, algebra, natural history, Italian and Latin literature.

The course of study usually lasts six years, and an official programme of the studies is received by each student. They usually follow it, but are not bound to do so. They are also at liberty to choose the schools of the universities in what order they please. A circular was forwarded to the universities in October, 1866, by the Minister of Public Instruction, which contained the following schedule of studies, aud is still in force:

*First Year.*—Medical botany, natural philosophy (*fisica*,) inorganic chemistry, zoology and histology.

*Second Year.*—Natural philosophy, physiology, organic chemistry, anatomy, chemical analyses, and anatomical dissections.

*Third Year.*—Physiology, general pathology, pathological anatomy, Materia Medica and therapeutics, practical anatomy.

*Fourth Year*—Special pathology, special surgery, midwifery, diseases of women and children, clinique of medicine and surgery.

*Fifth Year.*—Clinique of medicine, surgery, and obstretics, ophthalmology, topographic anatomy, pathological anatomy, operations on the dead subject.

*Sixth Year.*—Cliniques as before, skin diseases, forensic medicine, public hygiene, toxicology and pathological dissections.

*The Anatomical Schools.*—A professor for practical instruction in dissections is at their head. A senior and junior prosector (*settore*) act as tutors of the pupils under him. They are appointed permanently. The senior is nominated according to seniority, the junior by competitive examination (*concorso.*) This must be passed at the university, where a vacancy occurs first, and consists in preparing a subject drawn by lot from twenty others, and a verbal examination on this subject. For the practical test twelve hours are allowed, for the the verbal one only three. The commission is composed of the professor of anatomy, of morbid anatomy, and three experts, nominated by the Minister of Public Instruction on the proposal of the *President* of the Faculty. In deciding between candidates of equal proficiency, those have the preference who have worked for a longer time in the anatomical cabinet. In the universities where the anatomical cabinet and that of morbid pathology are united, an additional prosector is appointed for the latter.

*The Cliniques.*—At the head is a director. He alone is responsible for the management, and all officials are under him. He has to give lectures and supply an annual report. He has assistants, coadjutors who are generally elected by competitive examinations.

*Polyclinics.*—Generally presided over by the clinical directors, who hold gratuitous consultations twice a week in the presence of students of the fifth and sixth year. The assistants do duty in their absence.

*Conferenze Cliniche.*—At the end of every bimester of the scholastic year, the clinical directors, coadjutors and assistants meet to discuss the most interesting cases, therapeutics and allied topics. The professors of morbid anatomy and special pathology and chirurgy are specially invited. The coadjutors are secretaries, and write the minutes, etc. The internes (alumni clinici) are allowed to attend.

*Examinations.*—The students pass examinations at the end of every sessional year; again after the studies are finished. The former are on the special subjects they have heard during the year, and are *viva voce;* the latter are in writing and also *viva voce.* The special examinations on botany, chemistry and zoology generally last twenty minutes; those on physiology, materia medica and therapeutics, legal medicine, hygiene, operative chirurgy and general pathology, half an hour. The examination in anatomy lasts three-quarters of an hour, and comprises the demonstration of a preparation, for which five hours time is given to the candidate. The time for clinical examinations and special pathology is forty minutes. Beside examinations last about half an hour. The final examinations are called *esame di laurea* for the licence, either the double one, *doppia laurea*—viz., for medicine and surgery—or one of the two. Papers are written on medical and surgical cases, and the candidates are verbally examined on the same. Bandaging, operations on the dead body, etc., are practiced. At last those who wish to obtain the degree of Doctor of Medicine have to write a dissertation and publicly defend their theses. The examinations are of the same value at whatever university they may be passed. The candidate have a great latitude given them in the order they wish to pass the examinations. Students who have not attended to all the lectures obligatory for the degree of M. D. may receive a certificate and a licence for practice, according to the studies they have undergone. The commissions for examinations consist generally of six members, not including the president, who is also the President of the Faculty. Three of the members are selected from the official teachers; the others may be outside the Faculty, but experienced in the subjects of examination.

## THE MEDICAL SOCIETY OF VERMONT.

It was our privilege to be present at the semi-annual meeting of the Medical Society of Vermont, at Brandon, on the 2d and 3d instants. The meeting was small—but what was lacking in numbers was made up in spirit. It was not simply a formal gathering of the profession for routine business, but papers and subjects of interest were brought forward and discussed with considerable animation. Among them were papers by Dr. Cushman, of Orwell, on Cases of Diseases of the Ileo-cœcal region, occurring under his observation—by Dr. F. W. Page, of Brandon, on a case of Abscess of the Brain, and by Dr. L. C. Butler, of Essex, on Statistics of Fever and Consumption. The subject of Anæsthetics in Obstetric practice was introduced, and Dr. O. F. Fassett, a very intelligent physician of St. Albans, was appointed to report on it at the annual meeting in October. We venture to say he will make an able report. If any of our readers have anything to say on the subject, we hope they will communicate with Dr. Fassett. A committee of one from each county was appointed to report on the geological characteristics, topography, hygrometric conditions of the atmosphere, temperature, etc., of the State in its bearing on consumption, with history and other facts connected with cases of that disease where it occurs. This is an important and interesting subject for investigation.

The deliberations of the Society were, in the absence of both the President and Vice President, presided over with dignity and efficiency by Dr. E. D. Warner, of New Haven. Much of the benefit that results from medical society meetings depends on the efficiency of the officers in organizing business, and its prompt dispatch. The Society visited the excellent public graded school of Brandon; many members visited the frozen well—a remarkable phenomenon in the neighborhood, where a well, forty feet deep, has ice in it winter and summer—and all were handsomely entertained on Wednesday evening by Dr. A. T. Woodward, of Brandon.

The meeting was a pleasant and profitable one to those present. We could not fail to note the absence of many, who, it seemed to us, ought to have been present—and particularly of the physicians of Burlington, only two hours distant, and the professors in the medical department of the University located there, not one of whom was present. It would be policy for them to attend and take part in *all* the meetings of the Society.

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—— The Supreme Court of Michigan has decided the long vexed question of homœopathy in the Ann Arbor. The decision puts the whole case in the hands of the regents, who are known to be opposed to incorporating a homœopathy department in the medical school.

# Notes and Comments.

### Special Notice to Subscribers.

Those whose subscriptions are due *in advance*, from July 1st, will receive notice herewith. A prompt response must be made, to enable us to include the subscribers' names on the prepaid postage list for the quarter beginning July 1st.

## THERAPEUTICAL BULLETIN.

Compiled by Geo. H. Napheys, M. D.

No. 16.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc,. etc.

This selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form.

*Treatment of Chancres.*

Freeman J. Bumstead, M. D., New York.

135. ℞. Hydrarg. chlor. mitis, gr. xxxvj.
Tincturæ opii, f℥j.
Cerati simplicis, ℥j. M.

For application to chancre when an unctuous dressing is required. It is much used in French hospitals. Unguents are less desirable than lotions, and should only be employed when the evaporation of a water-dressing cannot be prevented, even with the assistance of oiled silk and glycerine, as may happen from the position of the sore, and during a journey, etc.

In most cases the lotion may consist of simple water or glycerine. When medicated, such ingredients should, as a general rule, be added as will not leave a deposit, or change the aspect of the sore, and thus render its condition obscure. The following may be used:

136. ℞. Acidi nitrici dil., f.℥j.
Aquæ, f.℥viij. M.

The strength may be varied with the sensibility of the part. When the sore is situated upon the external integument, the dressing should be covered with oil silk.

Chancres located beneath the prepuce may be dressed with dry lint, which will be sufficiently moistened by the natural secretion of the part. Indurated chancres are not liable to give rise to successive sores in the neighborhood, and hence astringents and disinfectants are rarely required. Where the chancre assumes an excavated form, as is commonly seen in the furrow at the base of the glans, scraped lint is preferable to dry linen, since it is a better absorbent.

The frequency with which local applications are to be changed, must be determined by the amount of the secretion. A second dressing should be substituted before the first is soaked with the discharge. The dressing of most uncomplicated chancres need be renewed only two or three times a day, but phagedenic ulcers require a much greater frequency.

137. ℞. Ferri et potuss. tart., ℥ss.
Syrupi,
Aquæ, aa f.℥iij. M.

From two teaspoonfuls to a tablespoonful three times a day, within an hour after meals, in phagedenic chancres, and a lotion containing the same salt to be applied to the ulcer. Ricord calls this preparation the "born enemy" of phagedena.

M. A. Cullerier, Surgeon to the Hopital du Midi, Paris.

In soft chancre, cauterization or excision should be employed at the commencement of the ulceration, before it is well established. The effect of cauterization, even after the chancre has existed several days, is always to check its progress. If the sore shows no destructive tendency, if there is nothing to indicate any troublesome complication, if inflammation or œdema is present, or if we are dealing with a pusillanimous patient, we may have recourse to another mode of treatment. This consists in complete repose of the part, scrupulous attention to cleanliness, and the use of narcotic, emollient, or slightly astringent lotions. Dry lint is often used for the purpose of absorbing the pus, care being taken to insert the lint between the secreting surfaces, on account of the great facility with which the pus of a soft chancre is inoculated. The dressing of soft chancre with salves is a detestable mode of treatment, and often itself the cause of serious complications. If the suppuration is copious, antiseptics and detergents should be employed to combat and neutralize in some degree its virulent property—as, for example, the diluted tincture of iodine, a solution of chlorine, a decoction of cinchona, and especially aromatic wine, in the form of lotions frequently repeated, or by moistening a bit of lint with the same, and applying it to the ulceration. The following formula is given

by Bumstead as a substitute for the aromatic wine of the French pharmacopœia, when it cannot be procured.

138. ℞. Claret wine,
Spts. lavendulæ com., aa f.℥i¼
Tincture opii, f.℥j.
Acidi tannici, gr.xv–℥ij
Aquæ, f.℥vii. M.

The dressing should be renewed several times a day. Cullerier is a great advocate for an entirely dry dressing. He often advises applications of calomel or alum powder. These substances soon modify the purulent secretion. They favor, however, particularly alum, the exudation of blood, which sometimes necessitates their suspension.

Soft chancre needs merely local treatment in its ordinary evolution. It is only in cases of inflammatory, gangrous, or phagedenic complications that general treatment is called for. Specific treatment with mercury Cullerier is entirely opposed to in soft chancre. He also advocates an exclusively local treatment in hard chancre, waiting until the first appearance of the seconday symptoms on the skin and mucous membranes before administering mercury. A dressing of a slightly stimulating character, as with aromatic wine or dry lint, frequently repeated, in addition to the most careful cleanliness, will suffice in most cases of indurated chancre. If there is any irritation, opiated cerate, an ointment containing calomel (as No. 128), or powdered calomel itself will have a good effect. The patient should also be placed in good hygienic condition. Under such circumstances, the chancre will follow its regular course toward cicatrization, rather slowly, but quite as rapidly as by any other treatment, whether internal or external.

Prof. S. D. Gross.

139. ℞. Ung. hydrarg. nit., ℥j
Cerati simplicis, ℥vj—℥j. M.

In the treatment of simple chancre no remedy is so efficacious as this. The objection made to greasy applications can only be considered as having any force when there is a want of attention to cleanliness. The dressings should be changed every five or six hours, and care should be taken that the ointment shall always be very fresh. When the parts begin to granulate, apply

140. ℞. Cerati zinci carbonatis, ℥j.
Adipis, ℥vj. M.

Or merely a bit of dry lint carefully interposed between the contiguous surfaces which often pro es cicatrization with remarkable rapidity.

Prof. Ricord, Paris.

141. ℞. Ferri et pot. tart., ℥ij—viij.
Aquæ, f.℥vj. M.

This solution is much employed for the treatment of phagedenic chancres. No. 137 may be given internally at the same time.

Thomas Hawkes Tanner, M. D., F. L. S., London.

This author advocates the use of mercury so soon as induration appears, to be continued until all hardness at the seat of inoculation, or of the inguinal glands, has entirely gone. Local applications are of comparatively little use. He directs that from the eighth to the fourth of an ounce of mercurial ointment should be rubbed into the inside of the thighs every night at bedtime, until the gums are slightly touched. Or a mercurial vapor-bath should be taken, at first every night, and then two or three nights a week.

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### Vaccination from the Heifer.

Dr. H. Blanc, late of the Abyssinian expedition, informs us that he has made arrangements for vaccinating from the heifer, according to the Belgian and French practice—that is, by the cow-pox transmitted from heifer to heifer. The principal advantages attributed to that system are, that it supplies a pure lymph, free from all possible diathetic principle; that it is a more certain prophylactic against small-pox; and that it affords a constant and abundant supply. Medical men anxious to see for themselves will get every explanation from Dr. Blanc, and may bring, should they desire it, their own patients' children and vaccinate them themselves, at 9 Bedford Street, Bedford Square. The subject is one of deep interest, which has been of late worked at more zealously and practically abroad than in this country.—*Brit. Med. Jour.*

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—— Accidently drowned, at Michigan Centre, on the night of the 12th inst., Charles W. Carhartt, son of Dr. G. W. Carhartt, aged 15 years and 2 months. We deeply sympatize with this sudden and terrible affliction which has thus befallen one of the valued subscribers and contributors to this Journal.

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—— A contemporary says that nearly all the brilliant complexions seen among the females of New York, are the result of arsenic eating. Since the introduction of the "blonde fashion," arsenic eating has become almost a mania,

# Correspondence.

## DOMESTIC.

### Chloroform.

EDITORS MED. AND SURG. REPORTER:

I have been induced, by seeing sundry articles in the REPORTER, to suggest again the great protection from accidents in the use of chloroform, by giving an ounce or so of brandy or whisky a few moments before the inhalation of chloroform. I challenged the proof of a single fatal case where this precaution had been used, and have not heard of one well authenticated. I give two of some unpromising cases:

Mrs. S., age 61; leucophlegmatic; offeeble constitution; pulse very small; sick for two years; removed a large fibroid tumor from neck of the uterus; whisky, f.℥iss. given, followed by the anæsthetic; under its effect three-fourths of an hour; great paleness, some spasmodic movements, and prostration; patient rallied well; operation successful so far, April 20th, 1869.

May 8th. Run over by the cars, and badly lacerated; humerus comminuted; amputation at the shoulder; age 54; intemperate habits; very pale and bloated in the face; whisky, f.℥ij.; came under anæsthetic readily, and, though respiration was feeble, and appearances bad, recovered, and is doing well, with exception of a slight sloughing, controlled by equal parts of tinct. bromine and iodine.

I believe, fairly tried, this is worth all other precautions in the use of chloroform, and can see no objection to its use in any case, as emesis is very uncommon where it is used.

### Typhoid and Typhus Fevers.

I have used the following treatment with entire success in twenty cases of these fevers, and give it to the profession as worth a trial:

Quinine, grs. xij. in three doses daily; patient to take after each dose one-half tumbler of milk, (*nolens volens* as food or medicine,) and to take food three times a day, with this equal to one good meal; all anodynes to be avoided (except Dover's powder for diarrhœa or extreme restlessness, and even then, if possible.) The quinia to be given for ten days, and gradually lessened, *pro re nata*, as food supplies its place. The patient to be well rubbed with soda and mustard, one ounce of each to a quart of water, when taken out of bed in the morning. Patient to be removed out of bed and into another room, if possible, and placed reclining on a lounge or in a large chair, with the head as near *upright* as can be borne, and returned to bed only at night, with the sheets and direct clothing all changed every day. I regard the upright position (at east partly so) as a very important part of the treatment. The quinia may be increased according to the case; its first effects will be to increase apparently, for a few days, the heat and bad symptoms, but will eventually be tolerated, and the end will justify the means. All other medication to be strictly avoided, and food to be insisted on, not more than three times daily. By food I mean milk, eggs, or good rich broths (not slops). Like the quinia, it may seem at first to do injury, and be rejected by the stomach, but perseverance will reward the trial.

H. L. W. BURRITT, M. D.

*Bridgeport, Conn.*

### Case of Acute Rheumatism.

EDS. MED. AND SURG. REPORTER:

Permit me to hand you the following from my case book:

On the 24th of May last I was called to see a little girl of twelve summers, who has been suffering severely with inflamatory rheumatism for near a fortnight—both knees and ankles were red, swollen, hot and painful—unable to make the slightest movement without the most excruciating pain, and to use the words of the family, getting worse every hour. Fever:—Pulse 85, loaded tongue, bowels loose and very offensive, thirst considerable, urine scant and highly acid reaction. Ord. the following:

℞ Tr. Aconite Rad. gtt x
Aqua ℥ iij. ℿ

Teaspoonful every four hours.

℞ Potass nit., ℥ss,
Aqua, ℥vj. ℿ

Tablespoonful every four hours.

Joints to be frequently bathed with linimentum saponis camphoratum, and enveloped in flannels.

25th. This morning this case presents a very much better phase—but little fever—swelliug in joints almost wholly reduced, can nse them freely without pain, but has a feeling of great weakness in the joints, urine more copious, still exhibiting acid reaction. Continued the potash treatment every four hours for two weeks.

April 7th. Patient has been going to school for a week and is quite well.

In a practice of more than twenty years, I cannot now call to mind a case so severe, and at once so quickly convalesent.

## News and Miscellany.

——Unusual Religious Services.—Dr. Moers, of Plattsburg, N. Y., a gentleman of great repute as a medical practitioner and philanthropist, died at his residence in Plattsburg, recently. Dr. Moers was a staunch Presbyterian, but he was a man of such kindly and generous impulses, attending the destitute free of charge, and always ministering to the needy, that he was regarded with feelings of sincere respect by all classes and creeds, and in this connection we would state a strange fact in regard to his funeral services. While the usual Presbyterian services were being held at the residence of the deceased, Mass was being recited in both the Catholic churches of the village for the repose of the soul of the deceased, who was held in such high estimation, that the Catholics, both French and Irish, desired the funeral services of the Catholic Church to be held. A character so pure and blameless as to reconcile all differences in religious creeds is indeed something unusual.

——The Maternal Association of Paris is composed of aristocratic ladies who have agreed to nurse their own children. It numbers at present nearly 200 members.

### MARRIED.

Benton—Thurston.—At Argyle, Wis., May 24th, by the Rev. James Dawson, E. A. Benton, M. D. of Delaware Co., Ohio, and Miss Della Thurston of Argyle, Wis.

Hutchinson—Oatman.—Privately, June 2, by the Rev. Dr. Roache, William J. Hutchinson and Mary E., only daughter of Dr. J. S. Oatman, both of New York.

Leaman—Crook.—May 20th, 1869, at the residence of the bride's father, by the Rev. J. S. Kemper, Dr. Edward Leaman, eldest son of Dr. N, Leaman, of Cincinnati, Ohio, and Miss Gertrude Crook, second daughter of Dr. O. Crook, of Dayton, Ohio.

Miller—Blake.—April 29, 1869, at the residence of the bride's father, by Rev. A. J. Robinson, Lloyd T. Miller, M. D., and Maggie, daughter of Mr. Edgar Blake, all of St. Clair co., Illinois.

Reading—Thaw.—At Merchantville, N. J., May 29, by the Rev. D. W. Bartine, D. D., Dr. Lewis E. Reading, of Trenton, and Mrs. Louisa B. Thaw, daughter of the officiating minister.

Richings—Cammann.—At the Episcopal Church in Rockford, May 25, by Rev. J. E. Walton, Dr. Henry Richings and Maria, daughter of Francis D. Cammann.

Speir—Hegeman.—In New York, June 3, at the Washington square Church, by the Rev. Dr. M. S. Hutton, assisted by the Rev. Dr. H. J. Van Dyke, S. Fleet Speir, M. D., of Brooklyn, to Frankie S., daughter of the late Peter A. Hegeman, New York.

### DIED.

Quinn.—Surgeon Quinn, of the United States Steamer *Saratoga*, died on the 6th inst., at Havana, of yellow fever.

Van Blarcom.—At Paterson, N. J., June 5, Henr V an Blarcom, M. D., in the 39th year of his age.

### QUERIES AND REPLIES.

Medical Ethics.—*Dr. J. R., of N. Y.*—"I am asked by a family to see a patient, who is under the care of a homœopathic doctor. They do not wish to discharge him, but simply to have my opinion of the case. It is a surgical one, and surgical advice only, not therapeutics, is what is expected of me. In the surgical questions which will arise, there is no discrepancy between the treatment we practice, and that of the homœopathist. Is it proper for me to see the patient?"

Answer.—We do not clearly understand whether you are expected to see the patient with the homœopathist, or not. If *with* him, you certainly would violate an article of the Code of Ethics; if without him, it *seems* to us that you would be acting discourteously toward him as a gentleman. But the question is rather knotty.

*Dr. C. T. L., Ill.*—Nos. 2 and 9 of the present vol. we have not on hand. Will send them to you as soon as we get them. We are advertising for them.

Note.—In the prescription for tooth powder in our last, for "Cretæ prepar.," read "Cretæ precip."

A Difficult Case.—*Dr. W. A. T., of I.*—"I have a case presenting the following symptoms, on which I should like an opinion as to treatment. A lady about 22, married one year; never been pregnant; complains of constant pain behind sternum; load on the stomach; pain in the back, between the shoulders; constant headache, generally in the back of the head and neck; menstruation painful and scanty, but a slight show once every four or five weeks, being a little irregular as to time; has a good appetite all the time, but nearly always feels bad after eating, except when she eats very light brown bread and water, and very little of it. Upon a vaginal examination, I discover no soreness, nor anything unusual to the touch; have not used a speculum; can discover no soreness by pressure over region of the uterus; complains of heaviness of uterus about the time of menstruating. Would you think the trouble originates in the uterus or stomach? And what treatment would you suggest?"

Ans. At the first blush the case looks like ulcer of the stomach, and we would recommend bismuth.

### WORDS OF CHEER.

*Dr. J. P. of Indiana*—with inclosure for Reporter and Compendium—says: "Put me down as your 'permanent customer, as I am well satisfied with your journal, (Reporter) which visits me regularly and is to me more highly prized than any of the five journals which I take besides."

*Dr. T. W. W., of Mississippi*, says: "I consider the Reporter the very best of journals."

*Dr. H. L. B., Maryland*, says: "Your Compendium is a complete success. I prefer it to *Braithwaite*, though it has occupied a prominent place on my table for many years past."

*Dr. Q. C. S., Missouri*, writes: "I have been taking five leading medical journals of the United States, but none of them suit me as well as the Medical and Surgical Reporter. It has been my lot to be employed in the office of one of the very best medical journals published in the United States, and, while there, I gladly and eagerly embraced the opportunity of perusing the numerous exchanges the editor received, and among them all the Reporter was my favorite, as it was with the editor also."

### METEOROLOGY.

| MAY, | 31, | J. 1, | 2, | 3, | 4, | 5, | 6. |
|---|---|---|---|---|---|---|---|
| Wind..... | W. | S. W. | N. W. | W. | S. W. | S. | N. W. |
| Weather. | Clear | Clear | Clear | Cl'dy | Cl'dy. | Cl'dy | Clear |
| Depth Rain | Sho'r | Sho'r | Sho'r | | Fogg. | Fogg. | Rain |
| *Thermom....* | | | | | | | |
| Minimum.. | 61° | 64° | 66° | 69° | 58° | 62° | 55° |
| At 8, A. M. | 77 | 76 | 75 | 76 | 71 | 75 | 62 |
| At 12, M... | 83 | 81 | 77 | 79 | 78 | 82 | 69 |
| At 3, P. M. | 85 | 82 | 76 | 80 | 79 | 84 | 70 |
| Mean..... | 76.50 | 75.75 | 73.50 | 73.75 | 71.50 | 75.75 | 64. |
| *Barometer..* | | | | | | | |
| At 12, M... | 30.1 | 30.2 | 30.2 | 30.2 | 30.2 | 29.9 | 30.2 |

*Germantown, Pa.* B. J. Leedom.

THE

# MEDICAL AND SURGICAL REPORTER.

No. 643.] PHILADELPHIA, JUNE 26, 1869. [Vol. XX.—No. 26.

## Original Department.

## Communications.

### PUERPERAL CONVULSIONS.

By H. L. W. Burritt,
Of Bridgeport, Conn.

The following is the brief record of twenty-five years' experience in this disease; as you say "short, sharp," and I think, "decisive." Number of cases 14; five cases of primapara of various constitutions; ages 16 to 30; full period, usual labor; convulsions, least number, four; greatest, twenty; all commencing before delivery; four continuing after. Limit of time, one to thirty hours. Treatment—Bleeding 15 to 35 ounces, within an hour from the commencement; spirits turpentine over the whole surface and in three bad cases by injection; cold water and ice to the head; opium and the usual after remedies; consciousness lost in all; in two cases for over 34 hours. Recovery. Four cases permature labor (one of another physician,) 3d, 4th and 7th months; two second; others third and fourth confinements; caused by a fall in two cases, others not known; the labor was forced by dilation, mostly by the fingers and finally by instruments. Free bleeding *pro re nata*, repeated for three days in two cases; turpentine freely used by skin and injection as before, and ice water to the head. Ol. tiglii gtts. ij, with ol. ricini in one case, followed by opium. All recovered, two after severe peritonitis, and great depression of vital force.

Five cases; one second, two third, and two fourth and sixth labors; ages 27 to 44; all but one, women of good constitutions; convulsions in two ceased after delivery, but were extremely severe, in each; one very protracted, and tonic, free bleeding (thirty ounces) was premised, followed by spts. turpentine; patients of nervous temperament; duration o f labor before spasms in one case, thirty-four hours; other twenty-three; forceps in one for impaction; version in the other, for arm presentation; in case three, a full, florid, healthy woman of forty years, sixth labor, the patient had fourteen convulsions; two before delivery by forceps, and all protracted and terrible; immediate and free phlebotomy; thirty ounces of blood in two hours; turpentine cloths per vaginam, et anum; ice to the head; chloroform after much opposition from friends, was used, and was very controlling in its effects in the last two spasms. Cases fourth and fifth, ages 30 and 37, were also protracted labors, and instrumental; convulsions came on before and kept on after delivery—even under chloroform. Fifteen convulsions in one, and seventeen in the other. Blood taken to over twenty-five ounces, and chloroform finally mastered the horrible spasms. Turpentine and ice used as in the other cases. Case 15th, in consultation with a country physician; primapara; 35, short, full, habit; labor for three days; had been bled once and was under æther, when I first saw her; delivered for impaction in upper strait; convulsions ceased under delivery but patient was entirely unconscious for twenty-four hours, and in a critical state for three days. All recovered of these fifteen cases; all had loss of consciousness and cerebral congestion, for more than twenty-four hours; several for days.

My observation has made me a decided believer in the "sheet anchor," bleeding, with chloroform and turpentine, not to be a despised remedy. The causes, I think, are in this order, (constipation premised,) mental, one half; protracted labor, one fourth; balance, various, urea, albumen, &c. I can't see any reason why a physician, who believes in Harvey, should dread blood from the arm more than from the nose, unless fear of fashion has him fast by that organ.

## Hospital Reports.

Pennsylvania Hospital,
*Philadelphia, April*, 1869.

### Surgical Clinic by D. Hayes Agnew, M. D.

Reported for the Medical and Surgical Reporter.

John C., æt., 15 years. This patient met with a very severe accident three weeks ago. He is from the coal region in the northern part of the State, and while engaged in his duties fell from one of the cars, the wheels of which, in some way, not very clear, produced a severe compound fracture of the right humerus, three inches above the elbow

joint, with extensive bruising of the muscles. Below the joint there is also a lacerated wound some five inches long, but no damage to the bones of the fore-arm. Extensive as was the injury, the main blood vessels and nerves escaped, the pulsation of the radial being quite distinct at the wrist. An effort was made to save this arm. The loss of a right arm is a great calamity, and especially to a lad of such an age, with no patrimony but his arms and a stout heart. The limb was accordingly adjusted on an internal angular splint. The wounds drawn together and sprinkled over with the Phœnix earth, and all secured by a roller carried about the arm and splint, with moderate firmness. In a few days the suppuration became profuse, attended with a good deal of irritative fever and sweating. This continued for ten days, when the discharge in a great measure subsided, and his fever disappeared. An examination of the wound at this time, evinced, pretty clearly, that all hopes of preserving the arm were vain. The periosteum had separated from the bone, even above the insertion of the deltoid, and below the joint was open. Four or five days it was supposed would place him in a good condition for the removal of the arm. But in the mean time he was taken with a chill, followed by frequent rigors, profuse sweating, and a running pulse. I was apprehensive that what we term pyæmia had occurred, still his countenance and color remained good; there was very little mental disturbance, and nothing serious was revealed by careful exploration of the chest. A few days more and my mind was at rest; an abcess formed on the outer border of his right foot, and the other symptoms vanished. To-day we deemed him in a condition to admit of the removal of the limb at the shoulder joint. It now becomes a secondary operation, and according to statistical information much less favorable than primary. Hence, the marvellous success of Larrey, whose operations were done so frequently during the destructive battles of Napoleon the 1st. If a general summary of these amputations be made, including all recorded cases at home and in European hospitals, the mortality, if I mistake not, falls but little short of 50 per cent. The method we shall employ is that known as Larrey's, and which consists in splitting the entire thickness of the deltoid for three inches from the acromion process downward, then carrying incisions inwards and outwards, toward the axilla, leaving that portion of the arm along which run the great blood vessels undivided. The incision thus made resembles the letter Y inverted. The tendinous and capsular attachments about the neck of the bone are next divided, and the head of the humerus drawn forward out of its articular cavity. An assistant should next pass his thumb and fingers behind the bone and grasp the parts containing the vessels while the knife passing along the inner surface of the humerus severs the remaining soft parts. The arterial trunks being next carefully secured, the flaps are brought together laterally. These stages of the amputation will be understood as you see them executed in your presence.*

I. ——., æt. —, ununited fracture. This young man had tibia and fibula of the right leg broken, about four months ago. He states a fracture dressing was applied and worn four weeks, after which time, he commenced moving about on crutches. The lameness and weakness of the limb continued to increase until he has been compelled to seek relief in the hospital. On examination I find the tibia solidly united with some external angularity, due no doubt to premature use, increased by a natural curve in the bones of the leg, as may be seen by examining the sound limb. The fibula, however, has not united. The point where it has been severed is about the middle, and full one inch above the seat of fracture in the tibia. There may be—probably is—a fibrous connection, maintaining a flexible continuity of the bone, but nothing more. The period in which it has so remained justifies us in regarding it as a case of arrested or imperfect union, rather than delayed union. The patient is in excellent health, and free, as far as can be ascertained, from any constitutional vice favoring such a condition; and we must believe this condition to be referable to removing the dressings at too early a date. Why the fibula should fail to unite, and yet the tibia be firm, was no doubt in consequence of the displacement.

What shall be done? In the treatment of fractures, should your experience be extensive, cases will occur in which the consolidation will be tardy; so much so indeed, as to induce the belief you have a case of technical ununited fracture. But be not hasty, continue the dressing. Enjoin and enforce perfect quietude; examine and see if there be any error in the constitution. It may be necessary to administer tonics, phosphates; a better diet. When a simple fracture refuses to unite within 12 weeks, then I begin to feel as if something was wrong; under such circumstance a great variety of measures have been practiced. Such as blistering; stimutating liniments; frictions; issues; setons; excisions; drilling; artificial appliances, &c., &c.

In several cases I have succeeded in obtaining solid union by the method which I propose to execute in your presence in the present case. This instrument is a fine gimblet; a small puncture is made with a bistoury, the gimblet inserted and carried directly down upon one of the fragments, boring it through in an oblique manner and then conducting it onward through the other. The handle may then be detached and the instrument allowed to remain from eight to fourteen days. The limb to be kept in the

* This boy was well in 28 days.

usual dressing for such fracture as may be the subject of operation. The requisite action is induced by the presence of this foreign body, and the work of repair again goes forward.*

Let me now exhibit a few cases of fractures, which are ready to be discharged from the hospital, and which it is my duty to let you see, as you can determine for yourselves the result of treatment.

*First.* We have here a thigh. The seat of fracture at the junction of the middle and lower third. He has been nine weeks in the ward. A piece of binder's board has been wet and moulded to the thigh, and retained by a roller to give some protection to the part. He is moving about with the aid of crutches. He should not venture his entire weight, except in the most guarded manner, under 11 or 12 weeks. A careful measurement does not give one half inch shortening. The apparatus, with which it was dressed, was the adhesive strips; suspended weight (ten pounds) in the shape of two bricks and sand-bags; the bedstead in these cases, is raised at the foot by slipping a block three inches thick under each leg. This gives the weight of the body a vantage ground, in the way of resisting the extending force. It will be in vain to look for any device more satisfactory or complete than this. It is simple, efficient and comfortable.

*Case* 2. This is also a fracture of the thigh below the middle. It illustrates the value of another dressing in certain cases. It has occurred in a patient who has an old bony anchylosis of the knee joint, the leg being at an angle of forty degrees with the thigh. Of course, the dressing used in the case just exhibited could not be applied here, and hence the limb was suspended by an anterior splint, generally known as the splint of Dr. NATHAN SMITH, of Baltimore; the union is complete and free from any deformity.

*Cases* 3 *and* 4. These were both fractures of the leg. In the one, of both tibia and fibula five inches above the ankle; in the other at the upper third. They have been each treated in the old fracture box; and I doubt if you can either by sight or touch discover the seat of injury. Six weeks have elapsed and we deem it safe to apply lateral splint with softened binder's board, and allow the patient to use crutches. Nine or ten weeks is soon enough to admit of the ordinary use of the limb.

* In five weeks this patient was discharged well.

# Medical Societies.

## PENNSYLVANIA MEDICAL SOCIETY.

The Medical Society of Pennsylvania met in the Court House, in Erie, Pa., Wednesday, June 9th, in the afternoon, and at four o'clock was called to order by the President, Dr. JOHN CURWEN, of Harrisburg.

An impressive opening prayer was offered by Rev. G. F. CAIN, D. D., of this city.

### ADDRESS OF WELCOME.

Dr. GEORGE C. BENNETT, of Erie, then stepped forward, and delivered the following welcoming address:

*Mr. President and Gentlemen of the Medical Society of the State of Pennsylvania:*

As Chairman of your Committee of Arrangements, I greet you and extend to you a cordial welcome in behalf of the Erie County Medical Society, and our citizens at large.

That spirit of energy and emulation which can bring such large delegations so great a distance and from a business so difficult to leave for a single day, must impress the communities in which you reside with an assurance that they have with them men devoted to their art, and who practice it with a love and intelligence equal to that devotion.

It is less than a quarter of a century since this Society first met in convention. Many of the members of that meeting have passed away from earth, after the successful and unwearied completion of their laborious mission. Only six are with you today of the original members. Many were eminent men—all of them men of energy—but how soon would we forget them were not their choicest thoughts, the fruits of their active lives of observation, treasured in the transactions of this Society.

By their labors, the profession in the State has been harmonized, and its tone elevated, and by their efforts your Society became a strong power, aided by other State Societies, in the organization of the great American Medical Association, which makes you national and Catholic in spirit and in fact. By your labors a desire is stimulated for a higher standard of medical education. And, above all, by the adoption of the code of ethics, a line as of fire is drawn between the regular scientific physician and the charlatan and empiric.

Much remains to be done in order that medicine may continue her unwearied efforts for the good of our race, and widen still more her range of scientific resources; that she may fulfill her sublime mission in all its unspeakable grandeur. Your power for good can hardly be estimated, but trusting that you will all heartily endorse the sentiment of the Roman actor: "*Homo sum, nihil humani a me alienum puto,*" while you continue on the stage of life; and with the highest confidence in your capacity for usefulness, I bid you God speed in your work, and say to you again, distinguished guests, welcome to our city and our homes.

The speech was loudly applauded.

### ENTERTAINMENT OF VISITORS.

Dr. J. L. STEWART, Chairman of the Committee of Arrangements of the Erie County Medical Society, extended the civilities of the citizens of Erie county to medical visitors, in the following remarks:

*Mr. President, and Gentlemen of the State Medical Society:*

As Chairman of the Committee of Arrangements of the Erie County Medical Society, it is my pleasant duty to announce the programme and business of entertainment. Before doing so, let me express the regret of the Society, as well as of our citizens, that our hotel accommodations have proved insufficient for this occasion. But, though we are short in hotel accommodation, we have made abundant provision in our private families.

The speaker then stated that all the delegates present, unprovided for, if they would make their wishes known, at the close of the session the Committee of Arrangements would take pleasure in assigning them to pleasant quarters. He added: "The latch strings of our citizens not only hang out, but our doors are wide open to all." [Applause.]

TIME OF MEETING.

The committee have arranged for the Society to meet at 9 o'clock, A. M.; adjourn at 12½ o'clock, P. M.; meet again at 2½ o'clock, P. M., and adjourn at 6½ o'clock, P. M.

Dr. Stewart also announced the following

ENTERTAINMENTS AND RECEPTIONS.

Wednesday evening—Reception by Capt. Jouett, U. S. N., on board the U. S. S. Michigan, at half-past seven o'clock.

Thursday evening—Banquet at the Reed House, at eight o'clock.

Friday, at 11 o'clock, A. M., excursion on Lake Erie, in steam and pleasure yachts, and sail boats, and collation at Crystal Point, at four o'clock, P. M.

The Secretary, Dr. Wm. B. Atkinson, of Philadelphia, read a certificate from the Buffalo and the Lake Erie Medical Societies, setting forth that B. H. Daggett, M. D., of Buffalo, and J. E. Stubbs, M. D., of the Lake Erie Medical Society, had been regularly elected to represent that Society at this meeting.

The Secretary moved that they be made members by invitation, which was unanimously agreed to.

EX-PRESIDENTS OF THE SOCIETY.

On motion of Dr. Wm. Mayburry, of Philadelphia, all the ex-Presidents of the Society were invited to seats near the President. The invitation was accepted on the part of all the ex-Presidents present.

COURTESIES TO MEDICAL GENTLEMEN.

A number of medical gentlemen present were invited to seats in the Society.

On motion of Dr. J. King, of Alleghany, all the members of the Erie county Medical Society, in addition to those who are delegates, were invited to seats in the Society.

LIST OF DELEGATES.

The Secretary then read the names of delegates handed in up to that time. He stated that the list had not been perfected.

One hundred and seven names appearing on the list.

ADDRESS OF THE PRESIDENT.

Dr. John Curwen, President of the Convention, (and Medical Superintendent of the Pennsylvania State Lunatic Hospital,) addressed the Society in a very interesting discourse on insanity, its pathology and treatment. Not having space for the whole of the address we give the following extract on

GENERAL PARESIS:

In late years a form of mental disorder has attracted very general attention, to which it seems proper in this place to refer to general terms, the general paralysis of the insane, or, as now called, general paresis. A great deal has been written within the last few years on this disorder, and to those who feel inclined to pursue the study more fully, the many articles in the English, French and German Psychiatrie Journals may be recommended. One or two points only need to be noticed here. The disease is characterized by delusions of immense wealth or unbounded possessions with a peculiar impediment or hesitation, or stammering in talking among the very earliest symptoms, and also an irregular contraction of the pupils of the eyes, and an unequal movement of the lower extremities, often from the very first, though only to be recognized by very strict examination. The disease is confined almost exclusively to males, very few cases among females having been reported. Much dispute has arisen on the ætiology of the disease, but it may be referred, as a general rule, to excessive indulgence, and to various circumstances which tend to deprave the physical constitution, and from these conditions may be inferred the almost utter hopelessness of the disease. The general principles of treatment in different mental disorders will be modified by peculiarities in the constitution of the individual, and the condition which may be presented at the time.

These general principles are divided into two classes, medical and moral, and to a proper combination of these two all success in the management of the insane must be attributed. The essentially chronic character of most mental disorders requires great patience and perseverance on the part of the physician, notwithstanding the constant discouragements to be met with, and the pleas to be trying some new remedy, and the truth must be steadily inculcated, that a speedy restoration must not be looked for, but that chronic disorders can only be cured by steady perseverance in that course which has been found most serviceable in such cases.

As would be inferred from the asthenic character of the disorder, an unusual tendency to constipation exists in nearly all cases varying from the mildest to the most intractable form, which must be met and managed, not so much by violent medicines, which only add to the mischief, but by a judicious combina-

tion of medicines, food, exercise, and the inculcation of regular habits. The great sleeplessness so characteristic of insanity must also be overcome in the same way; not by a routine treatment of sedative medicine or one medicine in particular, but by such diversity of mental and bodily exertion as will bring on that moderate degree of fatigue which will induce sleep.

A general tonic treatment will also be indicated to brace up the debilitated nervous system, and add strength an energy to the enfeebled powers; and this can usually be effected by the regular exhibition of the different preparations of iron and such vegetable tonics as may be found most useful, conjoined with such sedatives as may aid in carrying forward the object to be attained. But our efforts must not be directed to medical care alone, since as the disorder has, in the great majority of cases, been induced by irregular habits and modes of life, we must endeavor to correct these, and bring the individual back to that regular and systematic exercise and manner of life which will enable all the functions to exert their proper influence, and have their proper action and development. For this purpose hygienic measures must be resorted to, and regularly and systematically carried out. Meals at regular hours of good, plain, well cooked and easily digested food, exercise of different kinds, indoor and outdoor, bathing, the enforcement of regular periods for retiring at night and rising in the morning, and whatever else of this nature may aid in the object to be sought. But even these will not entirely fulfill the desired end. Dr. SAMUEL JOHNSON in his character of the insane astronomer has shown the influence of too great absorption of the mental powers by one engrossing pursuit, and the relief and restoration obtained from the extravagant fancies and delusions by a variety of agreeable and entertaing objects and conversation. On this principle the moral treatment of the insane is founded. To furnish every means by pleasant and varied reading, games of different kinds, illustrations of physical science, employment in every way in which the individual can be induced to engage, the direction of the attention to objects of intesest and curiosity by exhibitions of the magic lantern, and in fine anything which will tend to arouse the latent energies, attract the different feelings or interest the mental faculties pleasantly and profitably, all are among the class of things included under the general term, moral treatment. One individual may be reached by one method, another must be approached by a different course, but the aim must be so to combine all the resources which can be made available for the grand purpose towards which all should tend, the restoration of the mental faculties to their normal condition.

VOTE OF THANKS.

On motion of Dr. Stetler, of Philadelphia, the thanks of the society were unanimously tendered Dr. Curwen through the Vice President, for his able, interesting and instructive address.

INVITATIONS ACCEPTED.

On motion of Dr. Parrish, the invitation of Com$^{r}_{t}$ mander Jouett, of the steamship Michigan, was unanimously accepted.

At the suggestion of Dr. L. J. Stewart, it was announced that the members of the society meet in the Court House at 7½ o'clock, and from thence proceed to the harbor in a body.

The Secretary (Dr. Atkinson) read invitations from the Young Men's Christian Association, and the officers of the City Library Reading Room, extending the use of those rooms to the delegates during their stay in the city.

On motion of Dr. Stanton, the thanks of the body were extended to the two Associations for their kind invitation.

The Secretary read a communication from an officer of the Schuylkill County Medical Society, notifying the society of the expulsion of a member thereof, and requesting that his name be stricken off the list of permanent members of the State society.

On motion of Dr. Nebinger, the paper was read a second time.

The paper was received, on motion, and by direction of the President, the name mentioned in the communication was stricken from the roll, after some discussion as to formality, &c.

MEDICAL SOCIETY OF NEW JERSEY.

Dr. W. B. Atkinson presented the report of the representative of the society to the Medical Society of New Jersey.

LAKE ERIE MEDICAL ASSOCIATION.

On motion of Dr. Bennett, Thomas D. Strong, M. D., a representative from the Lake Erie Medical Association, comprising members of three or four county societies, was admitted as a sitting member.

ADMISSION OF INSANE INTO HOSPITALS.

The following was submitted, and unanimously accepted:

The committee appointed to urge upon the Legislature "the propriety of enacting a law which shall so determine the relations of the insane as to protect the medical profession in giving certificates of insanity, the insane from improper influences, and the community generally from injustice and oppression" —beg leave respectfully to report that they prepared and presented to the Legislature a memorial and project of a law.

The bill was presented in the Senate and referred to the Judiciary General Committee, who appointed a meeting for the purpose of hearing those interested in the matter. At the same time, some parties who have been for more than a year using the public press for the purpose of injuring several members o

our profession specially connected with hospitals for the insane, having obtained a copy of the bill of the committee, added to it several sections designed to annoy and perplex superintendents of hospitals for the insane.

The Senate committee adopted several of these amendments, and the law as it now stands on the statute book contains all the good features of your committee's bill with two objectionable clauses of the bill as modified by the Senate committee.

It is proper to state in this connection that the committee was very greatly indebted for success in securing the passage of the law to the exertions and good offices of one of the former Presidents of this Society, and lately Speaker of the State Senate—Dr. Wilmer Worthington.

All of which is respectfully submitted.

John Curwen,
Traill Green,
Jas. King,
W. Crawford,
Richard J. Dunglison.

On motion of Dr. King, the Society adjourned to meet this morning at nine o'clock.

RECEPTION ON BOARD THE "MICHIGAN."

In compliance with previous announcement, a large number of the members of the Society, and a few invited guests, assembled at the Court House last evening, at about 7½ o'clock, proceeded in a body to pay their compliments to the urbane and distinguished Comodore of the U. S. Steamship "Michigan," now lying in our harbor. Commander Jouett and his officers and men received their visitors as only nautical men can, and several hours were most agreeably spent on board one of the oldest, staunchest and best war vessels afloat.

SECOND DAY.

Prof. Gross, of Philadelphia, asked and obtained leave to present a highly interesting paper on the subject of attendant nurses. Before reading the report, the Professor said it had been presented to the American Medical Association, at New Orleans, and referred to this Society. The report was quite lengthy, able and interesting.

The report and resolutions were accepted and referred to the Committee on Pubiication.

MEDICAL EDUCATION, ETC.

The Secretary (Dr. Atkinson, of Philadelphia,) stated that at the recent session of the American Medical Association, at New Orleans, a number of compositions relative to medical education were presented and referred to a special committee, consisting of Drs. N. S. Davis, Paul F. Eve, E. S. Gaillard, E. Lee Jones and J. K. Bartlett, who have prepared and presented the following

REPORT OF THE COMMITTEE ON VARIOUS PROPOSITIONS AND COMMUNICATIONS FOR MEDICAL SOCIETIES, ETC.

After a fair examination of the various propositions concerning medical education, medical legislation and ethical regulations for Medical Colleges, referred to your committee, we respectfully submit the following report:

Whereas, The history of medical legislation in the various States of this Union, clearly shows that no reliance can be placed on either the uniformity or the permanency of any laws relating to the practice of medicine; and

Whereas, The results of all the efforts made during the last twenty-five years, to elevate the standard of medical education through concert of action among the numerous medical colleges of this country, have proved with equal cleverness that such concert of action in an efficient manner is unattainable; therefore

*Resolved*, That whatever is done to establish and maintain a just and fair standard of medical education throughout our whole country, must be done by the profession itself, through its own voluntary organizations, in the same manner that it now establishes and enforces its code of ethics. The profession is competent to declare through its representatives in the National, State and local societies, what shall be the standard of attainments for those to be recognized and admitted into its ranks, and to establish the boards or agencies by which compliance with such standard shall be ascertained, as if is to declare what shall be the ethical rules governing the conduct of those already admitted.

*Resolved*, That this Association earnestly requests each State Medical Society to appoint annually one or more Boards of Examiners, composed of five thoroughly qualified members, whose duty it shall be to meet at suitable times and places, for the examination of all persons, whether graduates or not, who propose to enter upon the practice of medicine in their respective States, except such as have been previously examined, and licensed by a similar Board in some other State.

*Resolved*, That each State Medical Society be requested to make such regulations concerning the pay of the Boards of Examiners, and the fee to be charged for a license to practice, that the former shall in no case depend on the amount received for the latter.

*Resolved*, That each State Medical Society be requested to require its examining board or boards to exact of every applicant for examination, adequate proof that he has a proper general education; is twenty-one years of age; and has pursued the study of medicine three full years, one half of which time shall have been in some regularly organized medical college, whose curriculum embraces adequate facilities for didactic demonstration and hospital clinical instruction.

*Resolved*, That each State Medical Society be requested to act on the foregoing propositions at the next regular annual meeting after the reception of copies of the same, and if approved and adopted by the State medical societies of two-thirds of the States, this association shall deny representation from all organizations who longer refuse to comply with the same, and shall recommend the State societies to do the same. And all persons who, after that date, seek to enter upon the practice of medicine without first receiving a license from some State board of examiners, shall be treated ethically as irregular practitioners.

*Resolved*, That, in adopting the foregoing resolutions, by which it is proposed to treat the Medical College diploma the same as the diploma of any literary college, this Association is actuated by no desire to injure the medical schools of our country. On the contrary, by the adoption of the fourth resolution at the same time that the value of the mere college diploma is practically nullified, it is the desire, and confident expectation, that those institutions will be greatly benefitted; because they will be forced to

rival each other in the extent and efficiency of their courses of instruction, instead of the number which they can annually distribute.

All of which is respectfully submitted.

N. S. Davis,
Paul F. Eve,
E. S. Gaillard,
E. Lee Jones,
J. K. Bartlett.

The report was committed.

INTEMPERANCE AS A DISEASE.

Dr. Joseph Parrish, physician in chief to the Sanitarium at Media, near Philadelphia, presented a report on "Intemperance as a Disease."

The report was received and referred to the Publication Committee.

INSPECTION OF DRUGS.

Dr. Wm. B. Atkinson, of Philadelphia, submitted a report from the Committee on the Inspection of Drugs. The report set for the Committee had memoralized the Legislature, setting forth the evils resulting from the extensively practiced adulteration of drugs, and praying them to enact a law to remedy the evil. Owing to strong opposition, they had not accomplished the desired result. On the reception of the report, Professor Gross said:

In reference to the report, with all deference to the Committee, I don't think it covers the entire ground. The subject was brought up in the Philadelphia County Medical Society; and in consequence of a diversity of sentiment, it was referred to a Committee consisting of five members, of which I have the honor to be one, and that Committee was authorized to confer with a Committee of the same number connected with the College of Pharmacy. The Committee met, when it was suggested that there should be a conference with college physicians. Accordingly a resolution was offered inviting the co-operation of the college. The college accordingly appointed a committee, consisting of five members, and the question now rests with those three Committees. They propose to take the matter into consideration, and in due time to report resolutions to the Philadelphia County Medical Society. There is precisely where the matter stands. I do not think the report is quite as complete as it might be upon that point. I think that the profession in the city of Philadelphia is largely interested in this matter. The meeting referred to was small, it is true, as meetings of this kind are apt to be; but gentlemen present felt a deep interest in this matter. I am certain that I speak the sentiment of the societies, (all of them), when I declare that they will do their best to give this subject full consideration. It was found utterly impossible to pass the bills which have been presented to the Legislature. It was found that the druggists of Philadelphia were entirely too powerful for the physicians of Philadelphia, or State of Pennsylvania. They had more influence in a political point of view than we, or used more money than anything else. [Sensation and applause.] That is the fact.

A committee of five was appointed to confer and co-operate with the Philadelphia committee as to the best method of banishing adulterated drugs from our midst. The names of the committee are as follows: Drs. Cummiskey, Nebinger, Mayburry, Knight and W. L. Wells, of Philadelphia.

Dr. A. Nebinger, of Philadelphia, chairman of the committee to report on criminal abortion, submitted a paper in relation to the subject, which he read.

A motion was made and amended that the report be accepted, and 5,000 copies be published in pamphlet form, and be distributed through the several county societies to all ministers throughout the State.

On motion of Dr. Mayburry, the matter of the disposition of the paper was made the special order of business after the consideration of charities in the afternoon.

A resolution was passed relative to the vaccination of all children attending our public schools; providing for the appointment of a committee to draft a resolution to that effect, and have it presented at the next session of the Legislature for adoption.

The resolution relative to the report, presented by Dr. Nebinger, was taken up in order. It was announced as follows:

*Resolved*, That the County Medical Societies be and they are hereby invited to take such steps as will speedily, actively and efficiently enlist the ministers of the various Christian Churches in their locality in the work of so instructing their flocks in regard to the nature of the act of criminal or wanton abortion as shall produce conviction in them that such act is not only a sin, but that it is substantially murder, and that in the language of Bishop Cox, "they who commit this act cannot inherit eternal life."

The matter in the report and resolution were debated at some length, when the matter was recommitted to the Committee (to which the name of Dr Gallagher was added,) with instructions to report this morning.

AMERICAN MEDICAL ASSOCIATION.

Dr. McKennon, as delegate to the American Medical Society made a report.

Dr. Hellyer, of Philadelphia, presented for the inspection of the members of the Society, a photograph of a monstrosity recently born in Philadelphia.

Several improvements in surgery were presented for the inspection of the Society, including several instruments by Dr. Lee, of Philadelphia, who gave a very interesting description of their workings.

THIRD DAY.

Dr. Nebinger, as chairman of the Committee on Criminal Abortion, made report that no alteration had been made in the paper as recommitted, the committee not being able to agree; therefore the report would not be presented. He asked that the

committee be discharged from the further consideration of the subject, assuring the Society, however, that the paper would be published in such case as a private document.

A vote being taken, a motion to that effect was agreed to.

COUNTY MEDICAL ORGANIZATIONS.

Dr. Dewitt, of Harrisburg, stated that as there are a number of counties in the State without medical organizations, he would offer a resolution relative thereto. He read as follows:

*Resolved*, That the regular physicians resident in those counties where there are no county organizations, are earnestly requested to form themselves into societies during the present year.

The resolution was unanimously adopted.

OFFICERS OF THE PENNSYLVANIA MEDICAL SOCIETY, 1869–70.

Dr. Allen, of Bradford, presented the following report from the committee on nominations:

*For President*—Dr. W. M. Wallace, of Erie.

*Vice Presidents*—1st, W. R. Findley; 2d, W. H. Pancoast; 3d, O. P. James; 4th, A. M. Pollock.

*Recording Secretary*—Dr. A. H. Fist.

*Corresponding Secretary*—Dr. Lawrence Turnbull.

*Permanent Secretary*—Dr. W. B. Atkinson.

*Treasurer*—Wm. Mayburry.

Delegates to the American Medical Association: Drs. F. W. Shaw, Allegheny; John T. Ray, Crawford; Fred. Corss, Luzerne; Andrew Nebinger, Philadelphia; Traill Green, Northampton; R. C. Hays; James Ross, Clearfield; T. A. Helshy, Lycoming; E. P. Allen, Bradford; David Stanton; D. H. Strickland; Alexander Craig; S. T. Davis.

Place of holding meeting for A. D., 1870: Philadelphia.

The report was adopted by acclamation.

The newly-elected President was conveyed to the chair, and addressed the Society in a brief and pointed speech.

There being nothing further of importance before the Society, on motion of Dr. King, the convention adjourned to meet at Philadelphia, at eleven o'clock, A. M., on the second Wednesday in June, 1870.

The attendance during the sessions at Erie this year was much larger that ever before, one hundred and twenty-six of the medical profession having signed the roll as delegates.

—— A citizen in Brunswick, Me., who earns his living working by the day, has paid for morphia, for the use of his wife, nearly thirteen hundred dollars, during the past fourteen years. The woman declares that she cannot live without this stimulus, and her husband once walked twenty-four miles to get her usual supply.

# Editorial Department.

## Periscope.

### Value of the Various Kinds of Food.

The views of Liebig, who makes so important the distinction between nitrogenous and non-nitrogenous food are no longer tenable in the light of recent experiments.

Dr. Letheby sums up the most modern views in one of his Cantor lectures recently delivered in London. He concludes thus:

It is highly probable that the largest amount of muscular force is derived from the hydrocarbons of our food; not that the nitrogenous matters of it may not also be a source of power; but there is no necessity, as Liebig supposes, for their being previously constructed into tissue. The experiments of Mr. Savory, in fact, show that rats can live and be in health for weeks on a purely nitrogenous diet, and it is nearly certain that under these circumstances the nitrogeneous matters are mostly oxidized without entering into the composition of tissue. This is the main point of divergence from the hypothesis of Liebig: and it is further indicated by the fact that the amount of nitrogen excreted is not in proportion to the work done, but to the quantity of it in the food, even when there is no muscular exertion.

That the chief functions of nitrogenous matter are to repair tissue, there can be no doubt, for animals kept on a purely carbonaceous diet quickly lose weight, and at last die from a disintegration of tissue; but it is equally certain that the nitrogenous constituents of food have other offices to perform. A daily diet of two pounds of bread contains enough nitrogen to supply the mechanical wants of the system, but it will not maintain life. There is required an addition of animal food to render it sufficient for this purpose; and, indeed, the instincts and habits of the human race show, beyond all question, that a comparatively rich nitrogenous diet is necessary for the proper sustenance of life; and it is very probable that it assists the assimilation of the hydrocarbons. In this way it may help in the development of force without itself contributing directly to it; and this may serve to explain the fact, that there is a relation between the amount of nitrogen contained in the food, and the labor value of it. Carnivorous animals are not only stronger, and more capable of prolonged exertion than herbivorous, but they are also fiercer in their disposition, as if force were superabundant. The bears of India and America, says Playfair, which feed on acorns, are mild and tractable, while those of the polar regions, which consume flesh, are savage and untamable; and taking instances of people—the Peruvians whom Pizarro

found in the country at its conquest, were mild and inoffensive in their habits, and they subsisted chiefly on vegetable food; whilst their brethren in Mexico, when found by Cortes, were a warlike and fierce race, and they fed for the most part on animal diet. The miners of Chili, who work like horses, also feed like them, for Darwin tells us that their common food consists of bread, beans, and roasted grain. The Hindoo navvies also who were employed in making the tunnel of the Bhore Ghat Railway, and who had very laborious work to perform, found it impossible to sustain their health on a vegetable diet, and being left at liberty by their caste to eat as they pleased, they took the common food of the English navigators, and were then able to work as vigorously. Abundant examples of this description—some of which will be further discussed as we proceed, may be cited in proof of the direct relation of plastic food to mechanical work; but there is no proof that this material must first form tissue before its dynamical power can be elicited.

It is, however, a remarkable fact that all forms of nitrogenous food have not the same nutritive value; the glutinous matters of barley and wheat, though almost identical in chemical composition, have very different sustaining powers. It is the same with muscular flesh and artificially prepared fibrin and gelatine. Magendie found that dogs, fed solely for 120 days on raw meat from sheep's heads preserved their health and vigor during the whole of the time; but more than three times the amount of isolated fibrin, with the addition of much gelatine and albumen, were insufficient to preserve life.

We may conclude, therefore, that although the main functions of nitrogenous matters are to construct and repair tissue, yet they have manifestly other duties to perform of an assimilative, a respiratory, and force-producing quality which are far from being understood. What do we know, indeed, of the actual *modus operandi* of the nitrogenous ferments—ptyalin, pepsin, pancreatin, &c., which are secreted so abundantly in the alimentary canal; or of the conjugate nitrogenous compounds which are present in the bile? and how far have we advanced in interpreting the functions of the nitrogenous constituents of tea, coffee, mate, guarana, cocoa, &c., which the instincts of mankind in every part of the globe have have evidently chosen for some physiological purpose? The same may be said of the crystalline nitrogenous matters of soup—as creatin, creatinin, inosic acid, &c., which can hardly be regarded as foods, although they have powerful sustaining properties.

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—— Surgeon W. E. Schofield is detached from the Naval Rendezvous at Boston and ordered to the *Saratoga*.

# Reviews and Book Notices.

**Fifth Annual Report of the Board of State Charities of Massachusetts. January, 1869. Boston, 1869. 1 vol., 8vo., pp. 444.**

This official document comes within the reading of medical men, on account of the interesting discussions it contains on population, foundling and deserted children, the deaf and dumb, prison-hygiene, etc. The following extract from it is strongly illustrative how a misguided moral sentiment—just such as now exist in reference to brothels, etc.—interferes with true humanity:

"An orphan asylum was established in Paris in 1363, and soon after it was proposed to commit foundlings to its care; but this was opposed in these remarkable words:

"It might come to pass there would be so great a multitude of them that no hospital can contain or support them, because men and women will abandon themselves freely to sin, when they see that their bastards are to be well cared for, without having the burden and anxiety of their support."

Government, therefore, by letters patent, directed that foundlings should be left to the care of private charity.

It appears to have been customary, from very early times, to place some of these infants in beds at the entrance of churches; and for those in charge of them to stand and cry to passers, "Help, for these poor innocents."

The hospital called that of "Red Infants,"—Enfants Rouges,—founded in 1536, for the children of patients deceased at the great Hotel Dieu, excluded foundlings upon the principle that their admission would increase the evil of abandonment."

**"Batraxomyo maxia: A Fight on Ethics,"** is the name of a pamphlet recently published in New Orleans by Julius Homberger, M. D., who, it is well known, has been severely strictured by the American Medical Association for a tendency to advertise, and to defend advertising. He censures, and with some justice, the unparliamentary action of the Association upon his resignation.

We acknowledge the following pamphlets: Medical History of the year 1868, in California. A paper read before the Sacramento Society for Medical Improvement, Feb. 16th, 1869, and published by the order of the Society. By T. M. Logan, M. D.

Dawson, on Fibrous and Fibro-cystic Tumors of the Uterus.

Thirty-seventh Report of the Retreat for the Insane, Hartford, Conn.

Third Annual Report of the General Hospital for the Insane, Connecticut, 1869.

Medical and Surgical Reporter.

PHILADELPHIA, JUNE 26, 1869.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., Eds.

☞ Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

## THE WOMAN QUESTION IN PHILADELPHIA.

The County Medical Society of Philadelphia is determined to stultify itself by fulminating its bulls against comets. Here is a resolution this Society adopted at a meeting, Oct. 21, 1868.

*Resolved*, That it is the sense of this Society that the preambles and resolutions adopted by it in regard to Female Colleges, their Professors and Graduates, are such as do disqualify such professors and graduates from becoming members of this Society; and further, that the accepting and filling of any professional chair in a Female College by a member of this Society disqualifies him for active continued membership of this body; and furthermore, that the essence and sense of the preambles and resolutions referred to deny to the members of this society the right to professionally consult with any Professor or Graduate of a Female College.

Not content with thus putting itself on the record as opposing a legitimate, proper, and praiseworthy extension of educational privileges, not satisfied with thus interfering in a meddlesome manner with the individual rights of its members, and setting an example of narrow-mindedness discreditable to this city, and this age, it reiterates as follows in a meeting April 29, 1869:

Whereas, It is well known that some of the members of this Society are holding Professorships in the Woman's Medical College of Pennsylvania, or occupying the position of Consulting Surgeon or Physician in the Woman's Hospital of Philadelphia, or holding consultations with the Professors, Graduates, &c., of the above Institutions, in violation of the rules and regulations of this Society:

And, Whereas, It is believed that some of the members so offending are not aware of the passage of the resolution by this Society at the Stated Meeting in October last upon this subject: therefore,

*Resolved*, That the Recording Secretary is hereby instructed to furnish a printed copy of the above resolution to every member of this Society, with the request that those who are holding professional intercourse with the Woman's College of Pennsylvania, or with the Woman's Hospital of Philadelphia, or with Graduates of the former, will either purge themselves of the violation of the rules and regulations of this Society, or resign their membership of the same.

Now at whom is this sham thunderbolt hurled? At Dr. Alfred Stille, Professor of Practice in the University of Pennsylvania, at Dr. Benj. B. Wilson, Prof. of Surgery in the Woman's Medical College of this city, at Dr. Washington L. Atlee, at Dr. Henry Hartshorne, Prof. of Hygiene in the University of Pennsylvania, and in the Woman's Medical College, and at many other worthy physicians, who hold it right, if they see fit, to consult with any well-educated, regular, scientific physician, male or female.

What short-sighted clique controls the county society? Are they too blind to see whither the current is tending? Do they know the time of day it is on the horologe of progress? Or are they influenced by a petty jealousy, a mean fear that their own purses or positions may be injured by the admission of well-qualified women to the ranks of medical practice?

### Soluble Saccharate of Iron.

This is an elegant preparation prepared and quite popular in France and Germany. The process is said to be as follows:

It has been found that the hydrated sesquioxide of iron is soluble in rock candy—from this solution ammonia will no longer precipitate the oxide. Advantage has been taken of this reaction in Germany, and sugar bonbons are now prepared under the name of Dr. E. Fleischer's soluble iron saccharrate. They are put up like sugar plums, and contain 1-14th of a grain of metallic iron in each bonbon. They are also flavored with some kind of *liqueur*, and would never be suspected to be medicine by any child. Beside the bon-bons, the solution is kept in bottles in a form suitable for drinking with food. The pyrophosphate of iron is also prepared in a similar way, thus affording phosphorous and iron at the same time.

A discussion has been going on in the *Gazette Hebdomadaire* lately about this saccharate. One party pretends that what is sold for such is nothing but pulvis ferri rubbed up with sugar, and either that the alleged chemical process is a "blind," or else that the article as sold is an adulteration.

—— Sawdust pills would effectually cure many of the diseases with which mankind is afflicted, if every individual would make his own sawdust.

# Notes and Comments.

### Special Notice to Subscribers.

Those whose subscriptions are due *in advance*, from July 1st, will receive notice herewith. A prompt response must be made, to enable us to include the subscribers' names on the prepaid postage list for the quarter beginning July 1st.

## THERAPEUTICAL BULLETIN.*

Compiled by Geo. H. Napheys, M. D.

No. 17.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, *now in use* by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc., etc.

This selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form.

*Treatment of Phthisis.*

J. Waring Curran, L. K. & Q. C. P., &c.

142. ℞ Zinci oxidi, gr. ij.
Extracti conii, gr. i. M.

For one pill, to be taken three times a day. The quantity of the oxide of zinc is gradually to be increased. In the latter stages of phthisis where profuse sweating and colliquative diarrhœa harrass the patient and rapidly lower the vital capacity, this combination is very effective. It is of great value also in the earlier stages of the disease. It seems to steady the nervous system and to act as a sedative to the wandering pains.

J. M. Da Costa, M. D.

143. ℞ Acidi sulphurici diluti, gtt. x.
Tincturæ opii deodoratæ, gtt. v.
Syrupi hypophosphitis, f.ʒj.
Extracti pruni virginiani fluidi, ad f.ʒij.

For one dose, ter die, when night sweats and cough are troublesome.

Inhalation.

144. ℞ Extracti opii, gr. ½
Aquæ, f.ʒj

For one inhalation, twice a day, by means of any form of steam atomizer throwing a fine spray. In the irritative cough of phthisis, causing gastric irritability.

145. ℞ Acidi gallici, gr. xx.

For one powder. In acute hæmoptysis. To be repeated every ten minutes until hemorrhage ceases.

146. ℞ Cupri sulphatis, gr. ⅛
Ferri sulphatis, gr. ij.
Extracti hyoscyami, gr. j.

For one pill, ter die. In persistent slight pulmonary hemorrhage. Sulphate of copper in such cases seems to control the circulation within the lungs, and to arrest a tendency to bleeding. This action is not due to its nauseating effect, for, in this dose, it does not nauseate. The administration of cod-liver oil should be postponed until the hæmoptysis is gotten rid of.

Dr. Horace Dobell, Senior Physician to the Royal Hospital for diseases of the Chest, London.

147 ℞ Extracti ergotæ fluidi, fʒij.
Tincturæ digitalis, fʒij.
Acidi gallici, ʒj.
Magnesiæ sulphatis, ʒv.
Acidi sulphurici diluti, fʒj.
Infusi rosæ compositi, fʒvj. mx.

Sig. Two tablespoonsful every three hours until hemorrhage is arrested. In spite of the fashionable outcry against complicated perscriptions, Dr. Dobell recommends the above as the most efficacious and the most rational combination of remedies for a case of profuse tubercular pulmonary hemorrhage. In any given case, either of the ingredients may be omitted, if the symptoms indicate that it is not required, or that it has already done its duty. The object of the ergot is to contract the vessels; of the digitalis, to steady the heart; of the gallic acid, to clot the blood; of the epsom salts to relieve the congestion, and of the dilute sulpharic acid to assist the rest.

Balthazar W. Foster, M. D., M. R. C. P., Professor of Medicine in Queen's College, &c., London.

148. ℞ Æther, fʒ ij ss.
Olei morrhuæ fʒ iv. mx.

Sig. Desertspoonfull ter die, before meals.

This is a new physiological attempt to introduce cod liver oil into the system, by overcoming the difficulty of assimilating fat, which is developed to the greatest extent at the very stages of the disease in which perfect assimilation is most needed. To pour oil into a patient's stomach, without at the same time taking measures to ensure its digestion is a crude kind of therapeutics. Experimental physiology has taught us that the only fluids in the body which have the power of acting upon

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fat, so as to render it fit for absorption, are the secretions of the pancreas and the ducodenal glands. Ether has the power of stimulating the glands to renew their healthy action and places the fatty matter in a state of fine division in contact with their more abundant secretion. It also masks the unpleasant taste of the oil.

M. M. Montard-Martin and Herard, Paris.

149. R. Acidi arseniosi, gr. j.
in granules, lx div.

Seven or eight a day of these granules to be taken at first, the dose to be speedily carried up to ten or fifteen. Never more than two should be given at a time, and they should be administered as often as possible before meals. The treatment should be suspended from time to time. Researches have shown the entire harmlessness of arsenic, when properly employed, as well as its undeniable efficacy in certain forms of tubercular phthisis. Almost all the patients, after a few days treatment exhibit a marked improvement in their general condition. The appetite improves, the strength returns, the complexion is clearer, and the eye is more animated; and at the end of three weeks or a month, flesh begins to be gained. The local malady undergoes less change, but even this is sometimes sensibly modified. The most favorable cases are those in which there is no acute fever or serious digestive disturbance. M. Lolliot, the most recent observer, finds that the daily administration of one-tenth of a grain produces a diminution of temperature, and a very notable diminution in the amount of urea.

Dr. Douglas Powell, Hospital for Consumption, Brompton.

150 R. Potassæ chloratis, ℈ij-iij.
Morphiae muriatis, grs. jss-ij.
Glycerinæ, f℥. ss.
Syrupi, ad f℥. iv. ♏.

A teaspoonful to be swallowed slowly in the rawness of the tongue, and painful deglutition in advanced phthisis. It acts locally on the parts affected, relieving at the same time the cough. Of course, in the latest stages of the disease this will but render the remaining hours of life more comfortable; but there are some cases where this condition of the tongue and throat will come on earlier, and by rendering the taking of nutrients or stimulents almost impossible, causing death from exhaustion. In such instances the above combination relieves pain, cleanses the tongue, and enables the patient to take nourishment and remedies which greatly prolong life.

John C. Thorowgood, M. D., &c., London.

151. R. Sodæ hypophosphitis, gr. v,
Glycerinæ,
Aquæ, aa f℥ss.

For one dose, ter die.

In addition to Dr. Thorowgood, Drs. C. J. B. Williams, and C. J. Williams, (the latter one of the physicians at the Brompton Hospital,) speaks of the value in phthisis of the hypophosphites, which, at first so highly lauded by Dr. Churchill of Paris, have of late fallen somewhat into disrepute.

## Correspondence.

### DOMESTIC.

#### Preservation of Vaccine Virus.

Editors Med. and Surg. Reporter:

I notice with satisfaction the suggestion of Dr. A. W. Lueck, of Mayville, Wis., in regard to the preservation of *vaccine virus*.

In a very large proportion of cases the two essentials to chemical changes or decomposition are *heat and moisture*; in the absence of either it is retarded, if not effectually prevented. This fact is here made use of by the thorough desication of the alum and its subsequent tendency to re-absorb adjacent moisture. Allow me, however, to suggest another substance which can be readily purchased, requiring no previous treatment, and whose power of absorbtion of moisture, as compared with dried alum, is as *ten to one*, *i. e.* "*calcined plaster*," or Sulphate of Lime. The affinity of water for this substance is remarkable. The plaster may be placed in a wide-mouthed bottle; a portion of the plaster poured in, and the virus properly enveloped laid upon it, and the bottle closed with a good stopper, which should be as near air-tight as possible.

Respectfully, Benj. J. Crew.

## News and Miscellany.

#### Still Another Victim!

At the late meeting of the Orange County (New York) Medical Society, held at Goshen, a committee was appointed to investigate the cause of the death of the late Maggie Dorcas, who, it was alleged, died from the effects of medicine administered to procure an abortion. A great deal of interest is felt as to the result of their investigations, as it is said that the crime of fœticide has become very prevalent in this vicinity.

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